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Home Is
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The always perky—and quirky—

DIANE KEATON doesn't let
asthma slow her down

ATHLETES
GET BACK IN
THE GAME,
THANKS TO
PHYSICAL
THERAPY

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Step by Step

Walking for 30 minutes a day can help reduce your risk for heart disease and diabetes. What are you waiting for?

Living with **VIGOR**



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SPECIAL

No Place Like Home

The Home Care division of Community Healthcare System provides skilled, specialized services that enable area seniors to remain safe, comfortable and independent in their own homes.

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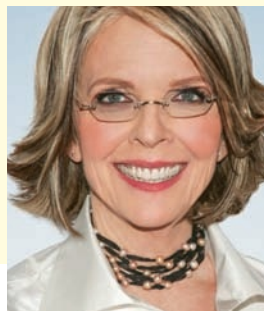
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At the Heart of Health

Find out how we're putting the patient first



John Gorski

You may have heard the term “patient-centered care” and wondered what it means for you. It is a unique approach to the delivery of care based upon a partnership between healthcare professionals, their patients and their families. It’s all about providing the right care—the highest quality care—at the right time for every patient.

Each patient’s satisfaction is our goal: to provide otherwise would be doctor-, nurse- or hospital-centered care. We recognize that our patients are unique biological, psychological, ethnic and spiritual beings. Multiple disciplines are important for the best outcomes; it takes a team approach to accomplish this.

You can read an example of this team approach to care beginning on **page 4**. Three local athletes had ACL repairs, but their paths to recovery were different and focused on what was best for each of them. Find out how outpatient physical therapy at the hospitals of Community Healthcare System helped them quickly return to their winning ways.

Even though seniors Rosemary Colby and Elene Kelley have different healthcare needs, they both knew they wanted to be able to stay in the comfort of their own home. On **page 6**, read how they have developed a special partnership with the healthcare professionals of our Home Care division that helped them stay in their homes.

When Roger Anderson of St. John had life-threatening blood clots in his leg, he turned to the expert cardiac care available in **Community Hospital’s** cath lab (**page 50**). He appreciated the relationship he developed with his cardiologist, A. Gandhi, M.D., who took the time to explain in detail the procedure, the device used and why it was the right treatment.

Our team at **St. Catherine Hospital** is getting high grades for endovascular and emergency care that’s making a difference for the families they treat. You can read about two of these success stories on **pages 49 and 56**.

Turn to **page 52** to learn more about an expansion of our expertise in advanced cardiac surgery at the Heart Valve Institute of **St. Mary Medical Center**. Surgeons are combining techniques and offering minimally invasive options that are best for each patient—with quicker recoveries and a better quality of life.

Nothing in healthcare is static; healthcare will continue to change through time. The physicians and staff at the hospitals of Community Healthcare System are in a constant state of preparing for change and adjusting processes as necessary to provide the best quality care and experience to patients each and every day.

John Gorski
Chief Operating Officer
Community Healthcare System



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If you prefer not to receive our magazine or other health and wellness information from Community Healthcare System, please call us at 219-836-4582 or write to Community Healthcare System, 905 Ridge Road, Munster, IN 46321.

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Survey Says!

One doctor's turn on Family Feud garners a generous donation

Fun, games, prizes and 15 minutes of fame are what most families take away from the nationally syndicated game show *Family Feud*. But gastroenterologist Gene Chang, M.D., and his wife, Eileen, used their winnings as an opportunity to make a difference in the lives of others and raise awareness about cancer care in the community.

"I grew up in this area ... it's my hometown," Chang says. "I want to do anything I can do to help support our community and my patients, many of them with cancer. The Cancer Resource Centre is an amazing place and the programs and services are all free. I played for fun, but am glad to be able to help and raise awareness of a serious issue."

The Changs donated \$10,000 of the family's cash prize to the Cancer Resource Centre in Munster.

A WORTHY CAUSE

The Cancer Resource Centre at 926 Ridge Road helps patients and their families affected by cancer get the support, education and encouragement they need to cope and heal emotionally and spiritually. All programs at the Centre are free and include a wide-variety of support groups, mind-body classes and lectures, and also a resource room filled with books and videos and providing Internet access.

The Centre is a program of the Community Cancer Research Foundation. The foundation works to reduce cancer morbidity and mortality in the region by supporting and advancing cancer detection, diagnosis, treatment, education and prevention efforts of the hospitals of Community Healthcare System.

"Donations to the Cancer Resource Centre such as the generous check from the Chang family, enable patients and their family members to experience the comforting, peaceful environment that the Centre can provide on their road to recovery," says Director Anthony Andello. "Our Healing Garden project is blossoming, for example, because of support from the community. It's a place where patients can tap into all their senses and experience the healing qualities of nature."



Chang family members who appeared on the *Family Feud* game show include (left to right) Community Hospital gastroenterologist Gene Chang, M.D., Eileen Chang, host Steve Harvey, Liz Joo, JB Joo, M.D., and David Chang, M.D.

Since opening its doors, the Centre has been able to touch the lives of nearly 30,000 patients and families, offering a nonmedical setting where they come to celebrate life, deal with hardships and find answers to their questions, Andello says.

For more information about the Cancer Resource Centre, please call **219-836-3349** or visit **www.cancerresourcecentre.com**. ■

ONLINE

Honor Someone Special

Be a part of the Cancer Resource Centre, a special place that nurtures the spirits of those touched by cancer. Brick sponsorship in the Healing Garden ranges from \$50 for a 4-by-8-inch brick with a three-line inscription to \$100 for an 8-by-8-inch brick with a five-line message to honor a loved one. Bricks are placed in the garden twice a year. For fall placement by mid-October, please reserve your brick no later than July. Bricks ordered by Feb. 1 are placed in the garden in May.

Visit **www.cancerresourcecentre.com** for more information.



Winner's Circle

Physical therapy preps athletes for success

BY ELISE SIMS

Athletes Rosie Lopez-Malagon, Courtney Wagner and Savannah Kinsella are at the top of their game in their respective sports. But all three athletes were sidelined at one point by anterior cruciate ligament (ACL) knee surgeries. The road back to the top required a new game plan and new teammates. All three scored big with expert care and outpatient rehabilitation physical therapy at Community Healthcare System hospitals.

"My care was phenomenal," says Wagner, who had six months of physical therapy following ACL surgery on her right knee. "You have to get up mentally because there are days when you just want to give up. The staff was so positive; the atmosphere energizing."

For athletes in need of recovery after an injury or a surgery, outpatient rehabilitation offers state-of-the-art



1. Courtney Wagner, who had six months of physical therapy after ACL surgery on her right knee, says her care was phenomenal. A cross-country runner for Purdue Calumet, she recently completed her first marathon at Walt Disney World in Orlando.

2. After having separate ACL surgeries some 18 years apart, Rosie Lopez-Malagon says it makes a difference in care when the physical therapist specializes in sports therapy and understands where you need to be to return to a competitive sport. Lopez-Malagon (pictured here with husband Jose Malagon) is training for the Women's World Taekwondo Championship later this year in Hawaii.

3. Savannah Kinsella of the Class 3A State Softball Champion Andean 59ers has recovered from her ACL surgery and is ready to make another run at the title this season.

4. Certified Clinical Sports Physical Therapist Amy Castillo, MPT, SCS, CSCS (left), works with Savannah Kinsella to increase her endurance, pointing out the speed she needs to maintain throughout the level on the equipment.

technology and equipment backed by licensed, experienced healthcare professionals.

Sports medicine and physical therapy offered at the hospitals of Community Healthcare System features staff members who are postgraduate trained or certified in clinical programs specializing in orthopedics and orthopedic rehabilitation, according to Bernard Burczyk, director of rehabilitation and therapy services at St. Mary Medical Center in Hobart.

● A TOP-NOTCH TEAM

“By bringing together top-notch staff who allow participants to focus on conditioning muscles, improving flexibility and increasing strength in core muscles, we are seeing better patient recovery and outcomes for many more Northwest Indiana residents,” Burczyk says.

Clinical specialist Amy Castillo, MPT, SCS, CSCS, on staff at Community Hospital Fitness Pointe® in Munster and St. Catherine Hospital in East Chicago, is board-certified in sports physical therapy and certified in strength and conditioning. Castillo is one of about two dozen individuals in Indiana with board certification as a clinical specialist in physical therapy. She was part of the team that worked with Lopez-Malagon, Wagner and Kinsella to get them back on track after surgery.

“I’ve had both knees done, some 18 years apart,” says Lopez-Malagon. “There’s quite a difference in the therapy that I had between knees. It makes a difference when the physical therapist specializes in sports therapy. Amy understood my goals and knew what I needed to do to reach them as soon as possible.”

“We develop specialized treatment plans of care to address specific functional goals of each individual,” Castillo says. “This type of tailored care helps prepare injured athletes to get back to playing the sports they enjoy.”

“From the very first session, the physical therapist gets to know you and evaluates you,” Kinsella says. “You take it in steps and ‘graduate’ to new levels as you go.”

● ASSESSING EACH PATIENT

Each evaluation includes a head-to-toe assessment, says Sylvia Gould, P.T., DPT, OCS, director of Therapy Services at St. Catherine Hospital.

“We look at full body flexibility, strength and stability, as well as a hands-on assessment of tissues,” Gould says. “We also conduct a movement screening specific to their sport and have the patient perform dynamic balance tests.”

The evaluating therapist is able to forward electronically evaluative findings, plan of care and goals to the



CALL

Get Moving Again

Find out how you can get in motion again after injury and recover sooner with the certified physical therapists on staff at Community Healthcare System hospitals. Contact Outpatient Rehabilitation and Physical Therapy at Community Hospital Fitness Pointe® in Munster at **219-934-2840**. In East Chicago, call **219-392-7400** for St. Catherine Hospital Outpatient Rehabilitation. St. Mary Medical Center offers Outpatient Rehabilitation in four convenient locations: Hobart, Portage, Valparaiso and Winfield. For appointments or more information, call **219-947-6580**. All sites offer a variety of hours from 7 a.m. treatment times to late afternoon scheduled sessions.

referring physician immediately after the initial evaluation visit, so everyone remains on the same page.

Specialized equipment available at each of the hospitals aids in evaluation of treatment and in rehabilitation. For example, a wide variety of CYBEX weight-training devices are used to work on strength rehabilitation.

● GETTING BACK IN THE GAME

The Community Hospital sports medicine specialists use Dartfish®, the same equipment that has led U.S. Olympic teams to gold. Dartfish uses video processing technologies to provide instant visual feedback of body movement to improve biomechanics and performance. Dartfish can speed up rehabilitation by pointing out what is being done incorrectly. It measures body movement and places findings side-by-side for comparison.

“Dartfish provides patients immediate visual feedback and allows us to work on sport specific movements,” says Castillo. “Patients in physical therapy go through a long healing process, and this technology makes it easier. We’re able to break down our patients’ movements frame by frame, correct them and get them on the road to recovery much sooner. When they can see it, it is in their mind and they can better understand what the therapist is saying—it reinforces communication with our patients.”

Today, Lopez-Malagon is training to compete in the Women’s World Taekwondo Championship later this year in Hawaii. Wagner, a cross-country runner for Purdue Calumet, just ran her first marathon at Walt Disney World in Orlando, Fla. Kinsella is currently training for what she hopes will be a return trip to the Class 3A state softball championship game this June in Indianapolis with the Andrean 59ers. ●



No Place Like HOME

Home Health Services brings comfort to your house

BY ELISE SIMS

Northwest Indiana residents Rosemary Colby, 96, of Munster and Elene Kelley, 86, of Schererville have never met, but they have a lot in common. Both are good cooks, keep up with the news and like to watch their favorite teams on television. They enjoy keeping in touch with family and friends, and both are able to continue living in their own homes because of the special relationships they share with their “other family”—the caregivers of Community Health Services.

“I like staying in my own home and with Community Health Services you can be comfortable at home and be as independent as you want,” Colby says. “It’s the best of both worlds because the care comes to you.”

“I can count on the girls from Home Health to be here when I get home from dialysis,” Kelley says. “They take care of me.”

Community Home Health Services, Home Health of St. Catherine Hospital and Home Health of St. Mary Medical Center all provide skilled, specialized services and are Medicare and Medicaid certified and licensed. They also accept third-party insurance.

The Home Care division of Community Healthcare System encompasses all three agencies as well as the private-duty agency Community Health Services. In-home services are available on various levels seven days a week, 24 hours a day including holidays.

“We specialize in providing high-quality, compassionate care that is designed to encourage independence in the comfort and security of our clients’ homes,” says Carole Bezat, senior vice president of administration for Community Healthcare System. Her responsibilities include overseeing all aspects of the Home Care division.



CALL

Need a Little Help?

Private-duty services are also available through Community Health Services and include tasks such as housekeeping, cooking, home management and transportation. Upon request, a free evaluation can be set up with family members to discuss individual personal needs, fees and payment. Call **219-836-6771** to learn more.

THE BEST OF THE BEST

“It’s the kind of care that we would want for our own family members,” she says. “Our nurses, attendants and aides are kind, caring, hardworking professionals. We employ individuals who are patient, good listeners, flexible and have our clients’ health and best interests at heart.”

Home healthcare staff members are screened with background and reference checks before employment. State law requires caregivers to provide proof of a valid driver’s license and current car insurance before being able to transport a client in their vehicle. Newly employed caregivers go through a “shadowing” training program with seasoned and experienced co-workers, who provide invaluable insight.

As a partner of Community Healthcare System, home care works in tandem with Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart.

“We work closely with patients, their family members and their physicians to assure confidence in the quality and continuity of care,” explains Jill Higgins, department assistant for Community Health Services.

"In-home care was easy to coordinate," says Colby's daughter, Rosemary Nelson. "My mother's primary care physician is on staff at Community Hospital in Munster. Bringing that great care home from the hospital just made sense to me."

THE RIGHT LEVEL OF CARE

While some individuals need or require home care, referrals to Community Health Services can be obtained through physician referral after a hospital stay, explains Higgins. The majority of referrals result from the client's children researching private care alternatives to either assisted or independent living options, she says.

"Most seniors want to stay in their own home and need just a little help," Higgins says. "Their children are limited on time because they work or might not live in the immediate area. That's why we also offer private-duty care through Community Health Services."

New clients and their family members are not required to sign long-term contracts to initiate care. Instead, an Admission Service Agreement is signed granting permission to begin assistance with everyday tasks. There is a minimum of two hours for each visit. Tasks range from companionship to assistance with personal care (bathing, dressing, etc.), assistance with mobility, medication reminders, preparing meals, running errands, light housekeeping and serving as an escort to appointments or social events and much more. Caregivers may also serve as an advocate in matters of health and well-being.



At 96, Rosemary Colby of Munster is able to keep up with her busy schedule thanks to her second family at Community Health Services.



Caregiver Emily Long (right) and Elene Kelley have developed a close bond, sharing interests like growing and caring for houseplants.

BUILDING BONDS

Marva Francis, one of Colby's caregivers since January 2012, says, "It's all about companionship ... someone to be there, someone to listen. I've learned a lot from Mrs. Colby. I'm happy to know her."

Having in-home care turns out to be a win-win relationship, one that's equally rewarding for caregivers and staff.

"When you walk into a client's home and see their face light up; it is an awesome feeling that you are making a difference," Higgins says.

"Home Health has been a true blessing for me," Kelley says. "I don't know what I'd do without them. I've learned a few things and also done a little teaching along the way."

Emily Long, Kelley's caregiver, agrees. "Mrs. Kelley is a big part of my life," she says. "I always have a good feeling coming to work. I don't feel like I'm working. Her positive attitude rubs off." ●

CALL

Call for More Information

Community Healthcare System's home health services such as skilled nursing, therapy and personal care are coordinated with physicians to meet the unique needs of patients and their families. For more information, contact Community Home Health Services in Munster, **219-836-6716**; Home Health of St. Catherine Hospital in East Chicago, **219-392-7244**; or Home Health of St. Mary Medical Center in Hobart, **219-947-6105**. Visit us online at **www.comhs.org**.



Sowing the Seeds of GOOD HEALTH

*Promoting healthy activities
in the community*

BY MARY FETSCH

First-graders dutifully listened to their teachers as they held hands and walked single file into Hobart's Liberty Elementary School courtyard. There, a dozen large planters filled with a variety of vegetable plants burdened with ripe zucchini, peppers and tomatoes were ready to be harvested. Students soon took their turns gleefully picking vegetables at their first Harvest Day event.

Harvest Day was one of the activities planned for Liberty Elementary School's Teaching Garden, part of the American Heart Association's *My Heart. My Life.* healthy behavior platform. The campaign is aimed at empowering Americans to get healthier through a series of health, wellness and fitness activities. St. Mary Medical Center was the first hospital in Northwest Indiana to sponsor a Teaching Garden and the first in Porter County to sponsor an American Heart Association Walking Path, another *My Heart. My Life.* initiative.

"This garden gives children a hands-on appreciation for nurturing and growing plants and harvesting food," says Peggy Buffington, Ph.D., superintendent of the School City of Hobart. "In turn, they'll have a more complete understanding of good eating habits and nutrition as well as physical activity. Many times, parents get involved as well, so the benefits extend beyond our classroom walls."

WALK ON

In Portage, a one-mile portion of the walking trail behind the Portage Township YMCA has been designated an official walking path of the American Heart Association. St. Mary Medical Center sponsored the path and joined forces with the YMCA to begin a walking club. Club members would be allowed to use the Y's inside track on rainy days.



Principal Debbie Misecko, Superintendent Peggy Buffington, Ph.D., St. Mary Medical Center Cardiac Rehab Director Felix Gozo, M.D., and hospital CEO Janice Ryba help students pick vegetables from the Teaching Garden at Liberty Elementary School in Hobart.

"Walking paths are free, safe, centrally located areas dedicated to helping people start walking and make walking a fun routine," says Dave Kasarda, executive director of the Portage YMCA. "We wanted to take it a step further and allow individuals an opportunity to join a weekly walking group and use the track inside the YMCA free of charge, if there is inclement weather. We want to remove any barriers there may be to helping people pursue more active lifestyles."

"Through these partnerships, the hands-on Teaching Garden and the Walking Path provide opportunities for our hospital staff to lead by example and set the standard for creating easily accessible and enjoyable activities to build a culture of wellness," says Janice Ryba, St. Mary Medical Center CEO. "Our commitment to invest in prevention strategies that improve healthy living in our community is emphasized through these initiatives and our support of programs such as the *My Heart. My Life.* platform." ■

ONLINE

Go Online for More Information

Looking for even more health stories, tips and ideas? Visit us online at www.comhs.org.



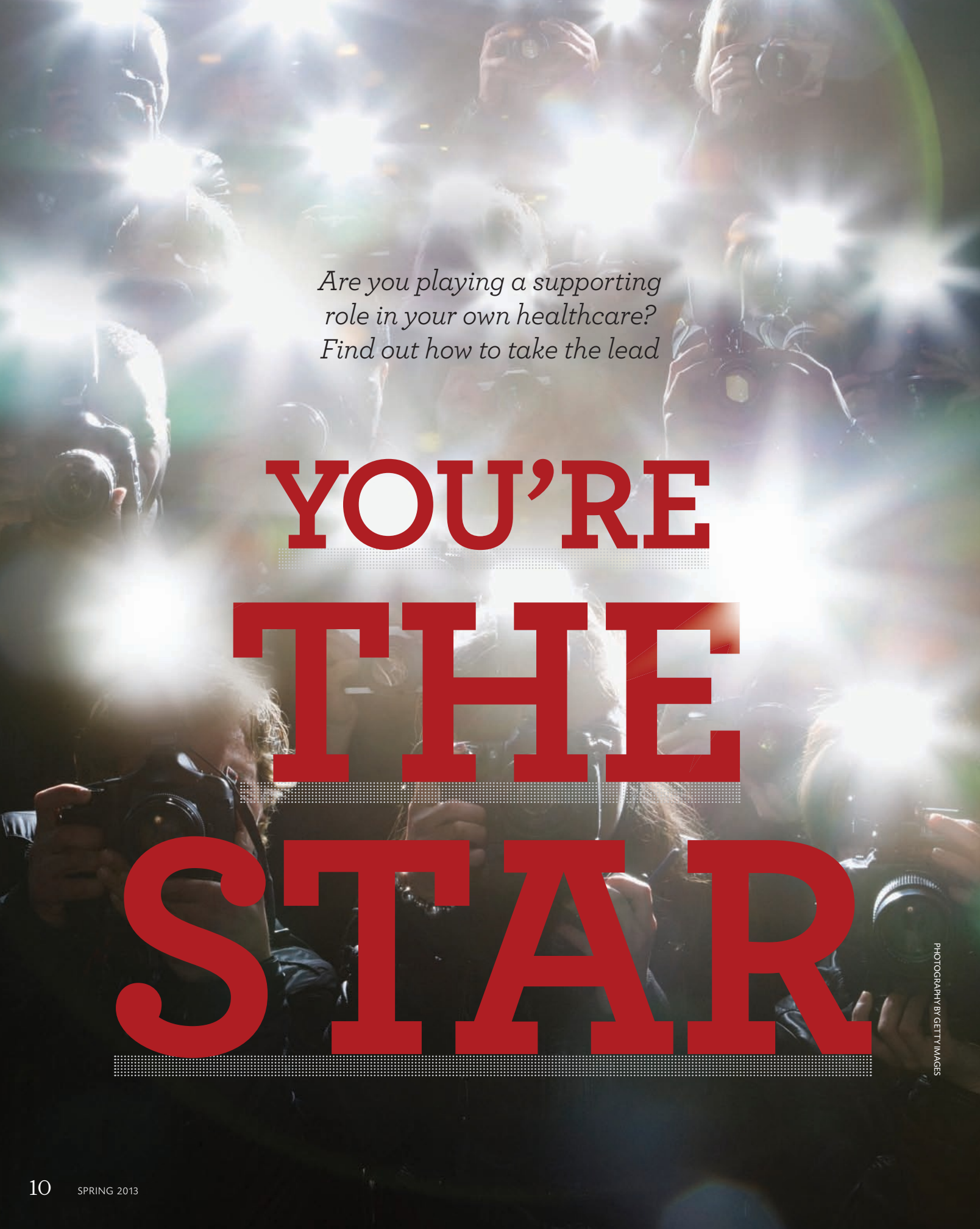
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*Are you playing a supporting
role in your own healthcare?
Find out how to take the lead*

YOU'RE THE STAR

PHOTOGRAPHY BY GETTY IMAGES



★ When it comes to TV medical dramas, the lives of the doctors are often more entertaining than the plight of the patient. After all, who wouldn't want to keep tabs on the ups and downs of the love affairs on *Grey's Anatomy*? ★ But in your own life, it's important to make sure you're focused on getting the best care, and that means you need to be the leading lady (or gentleman) of your own medical drama. It may not win you an Emmy or score you a date with Patrick Dempsey, but becoming your own healthcare advocate can put you on the path to improved wellness. ★

BY ELLEN OLSON

★ REHEARSE FOR THE ROLE

Have you ever left an appointment with your doctor and realized you forgot to ask about the one thing that has been bothering you the most? According to Charles Cutler, M.D., an internal medicine specialist and a member of the American College of Physicians' board of regents, you're not alone.

"Many people come to appointments without mapping out what they want to talk about and often end up forgetting why they're there in the first place," Cutler says.

So what's the best way to combat this brief stint of memory loss? Come prepared by making a list ahead of time of the things you want to discuss with your doctor.

"Almost no idea is better than coming armed with a list," Cutler says. "It helps keep the conversation focused, and it can help your physician get a more in-depth sense of what the issues are."

But be realistic when making the list. If you have a lot of issues to talk about, prioritize—put the most important ones at the top.

If you do happen to forget one or two specific questions, Cutler suggests following up through email if possible. "Email can be hugely convenient for everyone. It avoids the back-and-forth of trying to connect on the phone, and it lets patients really sit down and explain what the question they have is," he says.

Just don't rely on technology too much. "Nothing can replace an in-person visit. But if you have a follow-up question or feel confused about something your doctor said, email is quick and can help you avoid an unnecessary return visit."

★ SAY GOODBYE TO STAGE FRIGHT

Want to give a five-star performance? Then it's time to stop being shy. Your doctor isn't there to criticize or judge, so don't be nervous about letting it all hang out. Being honest will help your physician provide you with the right diagnosis, the right medicine and the right advice for preventing or treating illness.

"Do not be afraid to talk to your doctor about your health," says Erin Moaratty, chief of mission delivery at the Patient Advocate Foundation. "Many times patients may feel like their visits are too short, leaving you with only a few minutes to talk, but taking some time to prepare before your visit can ensure you use your time wisely. Ultimately, your doctor wants to hear from you—don't let a rushed or grumpy demeanor prevent you from an open discussion."

If you are bashful about discussing certain issues like weight, depression, libido or incontinence, keep in mind that doctors have heard and seen it all.

"Be honest and forthright with your symptoms, medical history, current and previous medications, past hospitalizations, any herbal or alternative therapies you have used, work, home or personal stress that may be affecting you, any other doctors you have seen and been treated by, etc.," Moaratty says. "You should also include the parts that are perhaps embarrassing, like not following through with advice previously recommended by your doctor or altering the dosage of medications to save costs."

Your honesty about your own health can help your doctor determine a course of action, and can ultimately affect the quality of care you receive.

"Patients should never feel embarrassed in front of their doctor," Cutler says. "We've been trained to deal with all types of medical issues, and if you're not telling us what's really going on, we can't help you as well as we'd like."

★ HAVE A CASTING CALL

Once you are comfortable talking to your doctors, it's time to evaluate *their* performance. If your doctor doesn't give you time to talk, doesn't take your concerns seriously or acts annoyed when you ask questions, it's time to search for a new physician.

"Sometimes choosing a healthcare provider comes down to a feeling," Cutler says. "We often recommend that potential patients actually do a bit of an interview process before

PHOTOGRAPHY BY THINKSTOCK





TOOL

Make the Connection

To start using MyChart, you'll need to obtain an access code from your Community Care Network provider. There is also an option that allows you to obtain permission to view the accounts of a minor child or another family member.

Visit www.mychart.comhs.org.

selecting a new doctor—come in and see how things work, see if you like the practice and the staff.”

Cutler recommends keeping a few things in mind when evaluating a practice:

- Is the office convenient to your home and work?
- Do patients regularly have to wait a long time to see the doctor? Will that work for your schedule?
- How is the parking and accessibility of the office? Will getting there be a hassle?

But more than anything, Moaratty says, it is most important to find a doctor you are comfortable with.

“With the right doctor, patients feel more engaged in their own health, more comfortable discussing concerns, and are more likely to follow their doctor’s advice,” she says. “Patients should not only connect with their doctor in terms of personality, demeanor and mood; for many patients it is important that they feel like their doctor is listening and committed to their health. Other patients will sacrifice likability for the preference of their doctor participating in cutting-edge research. Finding the right doctor for you is a crucial element in your overall health journey.”

If you do receive a diagnosis from your doctor, don’t hesitate to get a second opinion. “The importance of second opinions is huge. Any doctor that is insulted by a second opinion really isn’t worth sticking with as a doctor,” Cutler says. “Always get a second opinion if you get the notion that you should. Trust your instincts.”

★ FIND YOUR SUPPORTING CAST

Every great actor needs a solid cast and crew to produce an award-winning show. In addition to second opinions, when dealing with a diagnosis you likely will turn to a loved one to act as your caregiver during the treatment process.

“With a new diagnosis, the caregiver evolves into de facto manager,” says John Schall, CEO of the National Family Caregivers Association. “They’ll want to make sure the health-care provider recognizes their role as a caregiver and includes them in appointments and discussions. It is often a good idea to have it noted in the patient’s chart who the caregiver is.”

Even if you don’t choose one specific person to be your caregiver, it helps to have a second person accompany you to appointments.

“When dealing with illness, two people hearing the advice of the doctor is better than one,” Schall says. “Instructions are often forgotten or misunderstood, so having the two of you there listening, and hopefully taking notes, can help ensure that you get it right.” ●

Play Your Part

It’s 6 p.m. and you suddenly remember that you needed to call the doctor to ask a question about your medication. Not to worry, there is a way to send that important communication whenever you need to do it—whether it is 6 p.m. or 6 a.m. With MyChart, you can coordinate care for you and your family around-the-clock through online access to information in your electronic medical record. MyChart gives you a more convenient way to communicate with the doctor’s office by allowing you to renew prescriptions, send messages and manage appointments—online, anytime.

The MyChart app lets you send secure messages to your physician or physician’s office staff, view test (lab and imaging) results, request and manage appointments, renew prescriptions, view immunizations records and obtain a list of current medications. MyChart also enables you to review written summaries of your past appointments as well as a summary of what tests and follow-up are planned.

MyChart is not intended to be used in a medical emergency, but it can help facilitate routine healthcare for you and the whole family.



A close-up photograph of two hands, one from the left and one from the right, with fingers interlaced to form a heart shape. The background is a light blue with a pattern of small, darker blue circles.

Heart-to-Heart

*Four women share their
stories of heart disease*

BY COLLEEN RINGER

Sometimes a tête-à-tête with a close girlfriend is all it takes for you to move on from that unhealthy relationship, to get to the bottom of your blind-date bashfulness, to decide that, no, your mother-in-law doesn't have a right to comment on your cleaning habits.

If each of the following women could sit you down for chat, they'd discuss protecting your heart, too, but from a different threat—heart disease. That's because they know firsthand the dangers of the leading cause of death for women.

"The majority of women still don't think that they personally are at risk," says Tracy Stevens, M.D., a physician spokeswoman for the American Heart Association's Go Red for Women movement.

But as these four women will tell you, if it can happen to them, it can happen to you. So pull up a seat, read their stories and then pass on the message to your girlfriends.

Name: Dianne

AGE AT TIME OF EVENT: 52

HER STORY: A fitness instructor and runner, Dianne went to the doctor every year, and every year she got a clean bill of health. So when she experienced numbness in her forearm and a little reflux, she attributed it to the rigorous training she'd been doing. One morning, she couldn't explain it away. "I grabbed my chest and went down to my knees just like you see in the movies." Her husband, a police officer, insisted on a trip to the emergency room. Off they went, jammies and all.

As the seconds ticked by, her chest pain got worse; she was sweating and vomiting. The EKG, however, didn't show anything. The ER staff dismissed it as a panic attack, until Dianne grabbed a nurse and said,



"I am going to die." A second EKG showed that she had suffered a massive heart attack called a widow maker. One stent later, the rhinoceros had been taken off her chest.

Dianne soon learned that six other people in her family had experienced the same thing—and died. "Growing up, I wasn't aware that I had such a strong family history of it," she says. "I don't know why my family never talked about it."

LEARN FROM HER: Dianne's biggest message to women is to know your family history. "You need to ask questions," says Dianne, a national volunteer and spokeswoman for the Go Red for Women movement. "This is not a disease that only overweight or sedentary people get."

Thanks to Dianne's heart attack, her five sisters, including her twin, Denise, and Dianne's two daughters are keeping a close eye on their risk factors, including blood pressure and cholesterol levels. Dianne remains active, exercising five days a week. "I never want to go through that again."

THE DOCTOR SAYS: While it's helpful to know a little about your grandparents' and great-grandparents' health histories, it's not essential. "It's best to know primary family members—mom, dad, siblings," Stevens says.



Name: Marla

AGE AT TIME OF EVENT: 53

HER STORY: Marla was fit and played tennis regularly. But there was more happening on the court than a rousing doubles game. It was the only time in her day when she experienced chest pain. Of course, there was always a reasonable explanation: She'd had orange juice or coffee or both; she didn't wait long enough after eating to play; maybe she wasn't as in shape as she thought.

Finally, a cardiologist friend suggested she get a stress test. And even though Marla passed her stress test, the doctor told her to call if it happened again. It did. A few tests, three stents and five prescriptions later, Marla was immersed in the world of coronary artery disease. "My life turned upside down."

Not only was the diagnosis distressing, but the medications made Marla "feel like a zombie." Her usual morning-person self was gone, so she told the doctor something had to change. "We started cutting back, adjusting and changing," she says. "It was a struggle to get the right combination of medications for me."

A year and a half later, Marla felt a pinching in her left arm. This time she knew better. As a co-leader of three support groups for WomenHeart, a national coalition for women who have heart disease, she is all too familiar with the symptoms of a heart attack. "Because I knew what to do, there was no damage to my heart."

LEARN FROM HER: "You need to put yourself before the dog," says the mother of three. "Women are busy with children, family, friends, parents. Our health comes down somewhere after taking care of the plants." And it's not only that, she says. Women's heart attack symptoms can be easy to miss. "It's not always a Hollywood heart attack with the clutching of the chest. Women are subtle—it could be neck, jaw or arm pain."

THE DOCTOR SAYS: It's important to understand your diagnosis. "Coronary artery disease can range from 'I've got a

little plaque in my heart' to 'I've had bypass surgery,'" Stevens says. Ask your doctor to clarify anything you're unsure of.

Name: Dina

AGE AT TIME OF EVENT: 41

HER STORY: Dina just thought she had a really bad headache. She was home for the holidays, so she put on a brave face. On New Year's Eve, the ex-athlete decided to head to the emergency room. Her blood pressure was elevated, but the staff chalked it up to holiday stress. Two days later, she was back at the ER. "I'll never forget the look on the nurse's face when she took my blood pressure. It was off the charts," she says. "She looked at me as if I was going to die right there." After an EKG, a CT scan and a chest X-ray, the doctor came in with the verdict: She had suffered a transient ischemic attack, or a ministroke.

Dina was shocked. She ran track in college and had worked part time as a personal trainer—hardly the picture of heart disease. But genetics weren't on her side. Many of her family members took medication for high blood pressure. "I was walking around thinking I was healthy, but I wasn't. That's why they call it the silent killer."

Today, Dina's daily routine includes taking her blood pressure medication and working out for 30 minutes. She eats a lot of fish and green, leafy vegetables, shuns fast food and tries to keep her stress level in check.

LEARN FROM HER: As a national spokeswoman for WomenHeart, Dina advises women to focus on the ABCs of heart disease and stroke: aspirin therapy, blood



"It's not always a Hollywood heart attack with the clutching of the chest. Women are subtle—it could be neck, jaw or arm pain."

pressure numbers, cholesterol control and smoking cessation.

THE DOCTOR SAYS: Exercise is one of the most powerful ways to lower your blood pressure level, Stevens says. In fact, she encourages patients to check theirs before and after physical activity to see the difference. “It comes crashing down after exercise,” she says.

Name: Tamara

AGE AT TIME OF EVENT: 16

HER STORY: Tamara doesn’t have and has never had heart disease. Still, it has touched her life deeply. The first day of her senior year of high school, she lost her mother, Anita, to a heart attack.

Tamara had just finished her homework when she heard her mother calling her—her voice sounded odd. “I saw her hunched over on the carpet,” Tamara remembers. “She wanted me to take her to the doctor.” They never got that far. Tamara called 911, and the paramedics rushed her mother to the hospital, but she couldn’t be revived. She was only 46.

“Having her die was totally unexpected,” says Tamara, now 34. “She was always walking around the neighborhood, doing calisthenics. She was very active.” Because her mother kept a detailed diary, Tamara knows that her mother woke up with cold sweats and felt nauseated the day she died. She didn’t realize how serious her symptoms were. “I hear her story from so many other women,” says Tamara, a national volunteer and spokeswoman for the Go Red for Women movement.

LEARN FROM HER: “I’ve gone through an evolution of what it means to be heart healthy,” she says. “After my mom died, I went to extremes—everything was clogging my arteries, I needed to be super in shape. I was vigilant in a way that was unhealthy.”

Now, Tamara takes a more holistic approach. The mother of three does yoga and takes long walks. “Being healthy is a journey, not a destination.”

THE DOCTOR SAYS: Stevens recommends leading an anti-inflammatory lifestyle, which is a succinct way of saying eat plenty of vegetables (especially the really colorful ones), exercise and don’t smoke. “There’s no magic diet,” she says. ●



“I’ve gone through an evolution of what it means to be heart healthy.”

Take It to Heart

What is the best way to avoid heart disease? Start by reducing risk factors that are under your control and determining your risk of developing heart disease. By taking ownership of your heart health, you can prevent heart disease or manage it better. The hospitals of Community Healthcare System—Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart—regularly offer a Coronary Health Appraisal. The appraisal includes a series of tests: blood pressure, blood draw to test for total cholesterol, HDL, LDL and blood sugar levels, waist circumference, and a questionnaire to determine your risk of heart disease.

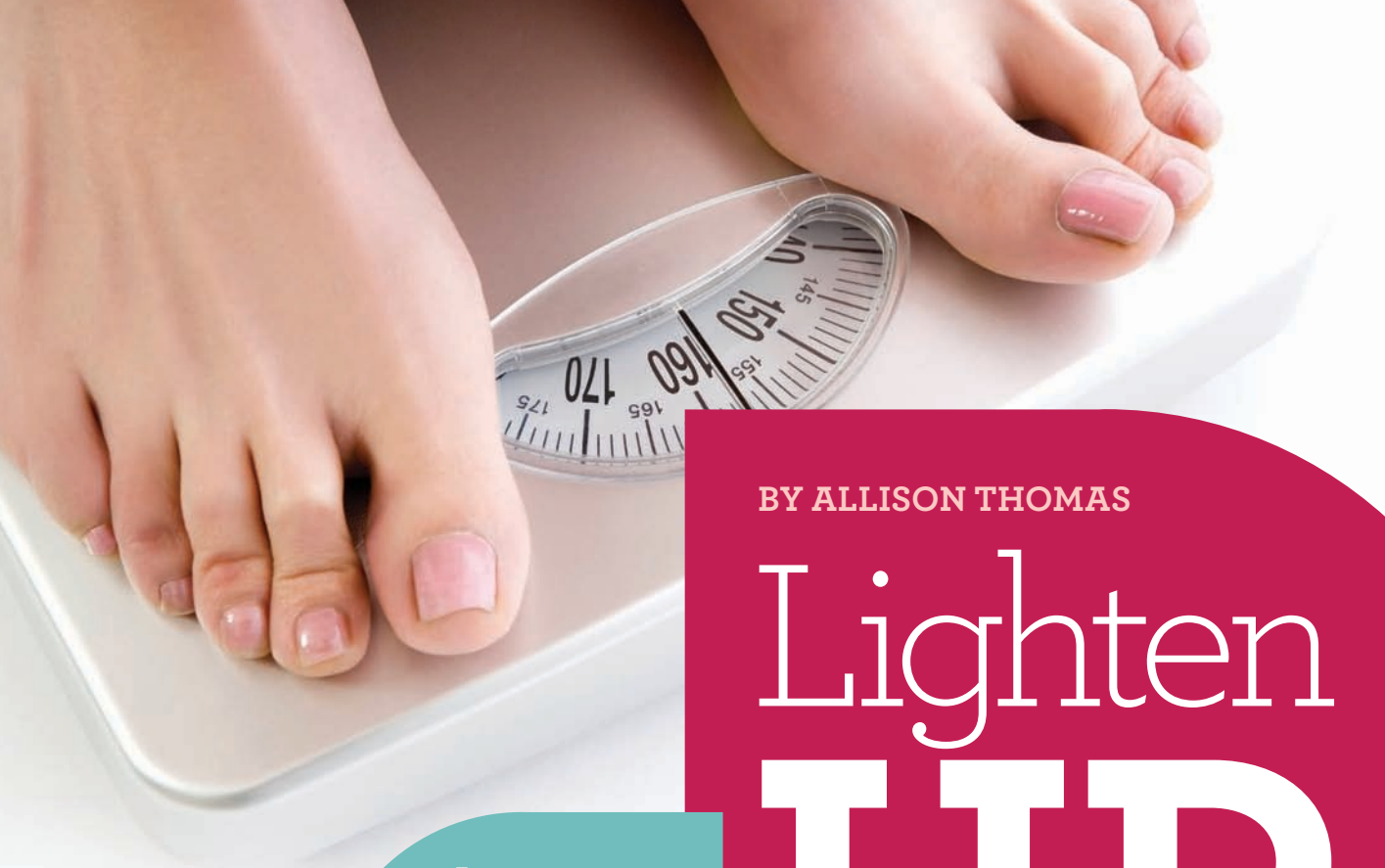
You can take steps to decrease your risk of developing more serious conditions such as diabetes, advanced heart disease and stroke by living a more active and healthy lifestyle. Taking good care of yourself by exercising, eating fruits, vegetables, lean meat and grains, not smoking, monitoring your blood pressure and cholesterol levels, and keeping stress under control, is the best way to prevent heart disease. With proper education, screenings and adoption of a healthy lifestyle, you can be in control of your heart health.

CALL

A Step in the Right Direction

Find out your risk for developing heart disease and ways to take steps to prevent it by calling **219-836-3477** or **866-836-3477** to register for a reduced-cost Coronary Health Appraisal. For more information, visit us online at **www.comhs.org**.





BY ALLISON THOMAS

Lighten UP!

*Losing even
a little weight
can make a
HUGE difference
in your health*

OBESITY BY THE NUMBERS

2/3 of adults in the United States are overweight or obese.

1/3 ARE OBESE.
(That's nearly three times as many as in 1960, when 13.4 percent were obese.)

In 2011, 12 states had an obesity prevalence of **30 percent or more.** By comparison, a decade earlier NO states were at 30 percent or more.

THE UPS AND DOWNS OF WEIGHT LOSS

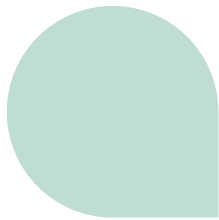
Losing weight does more than shrink your jeans size. Even a 5 percent weight loss can:

DOWN WITH THE BAD

- Reduce diabetes risk
- Decrease LDL ("bad") cholesterol
- Lower blood pressure
- Cut stroke risk
- Reduce pressure on joints and osteoarthritis risk
- Reduce sleep apnea risk

- Increase energy levels
- Potentially increase HDL ("good") cholesterol
- Make movement (and thus exercise) easier
- Improve mood
- Boost confidence
- Enhance sleep quality

UP WITH THE GOOD



LOSE THE FAT, KEEP THE MUSCLE

Experts recommend losing no more than **25 PERCENT OF LEAN MUSCLE** during the first weeks of weight loss, and around 10 percent as weight loss continues. Besides boosting your metabolism and burning calories, exercise can help maintain lean muscle mass and keep your bones strong. Strength training is the most beneficial for building muscle and includes any exercise in which resistance—either from weights or your own body weight—is used.

What Happens When You ...

Gain Weight?

You gain mostly fat: 60–80 percent fat versus 20–40 percent lean body mass.

VS.

Lose Weight?

You lose a combination of lean body mass, fat and water—one more reason proper hydration is important during weight loss.

Do the Biggest Losers REALLY WIN?

One reason maintaining weight loss is so challenging is that when you lose a lot, your metabolism adapts to become more efficient, and you need fewer calories to maintain your new weight. Translation?

» You must eat less. «

And losing a lot of weight *fast* may actually make it even harder to keep it off. Case in point: When researchers from the Pennington Biomedical Research Center studied contestants from the TV show *The Biggest Loser*, they found that by the end of the competition, participants' metabolisms had adapted to the point where they needed 504 fewer calories per day—or the equivalent of a meal—than a person of their age, weight and general body composition who always had weighed that amount. ●

Long-Term Success

Deciding to embark on a successful weight loss journey is a life-changing decision. Community Healthcare System's wellness and weight loss program, Healthy 4 Life, provides the right recipe of services designed to help each individual on their journey to healthier living.

The individualized program of medical weight loss, bariatric surgery, lifetime wellness, fitness, and dietary and psychosocial counseling helps to ensure that patients stay healthy and lose weight, and keep it off. With ongoing medical and personal support, patients have the tools they need to achieve successful lifelong weight management.

Our wellness and weight loss program offers healthy medical and surgical weight loss solutions with long-term results. Our team members specialize in managing and treating patients with weight-related health issues. They also help those who are otherwise healthy, but wish to lose 20 pounds or more.

Critical to each individual's success is the support and guidance of an experienced team, and that's what distinguishes the Healthy 4 Life program and services. The team stands with you at every step in this journey toward better health.

Our highly skilled, board-certified bariatric surgeons and internal medicine physician are fellowship-trained in obesity medicine and nutrition support, and work collaboratively with a multidisciplinary team of health professionals. A full range of weight loss surgery options are offered, including Lap-Band; laparoscopic gastric bypass and sleeve gastrectomy.

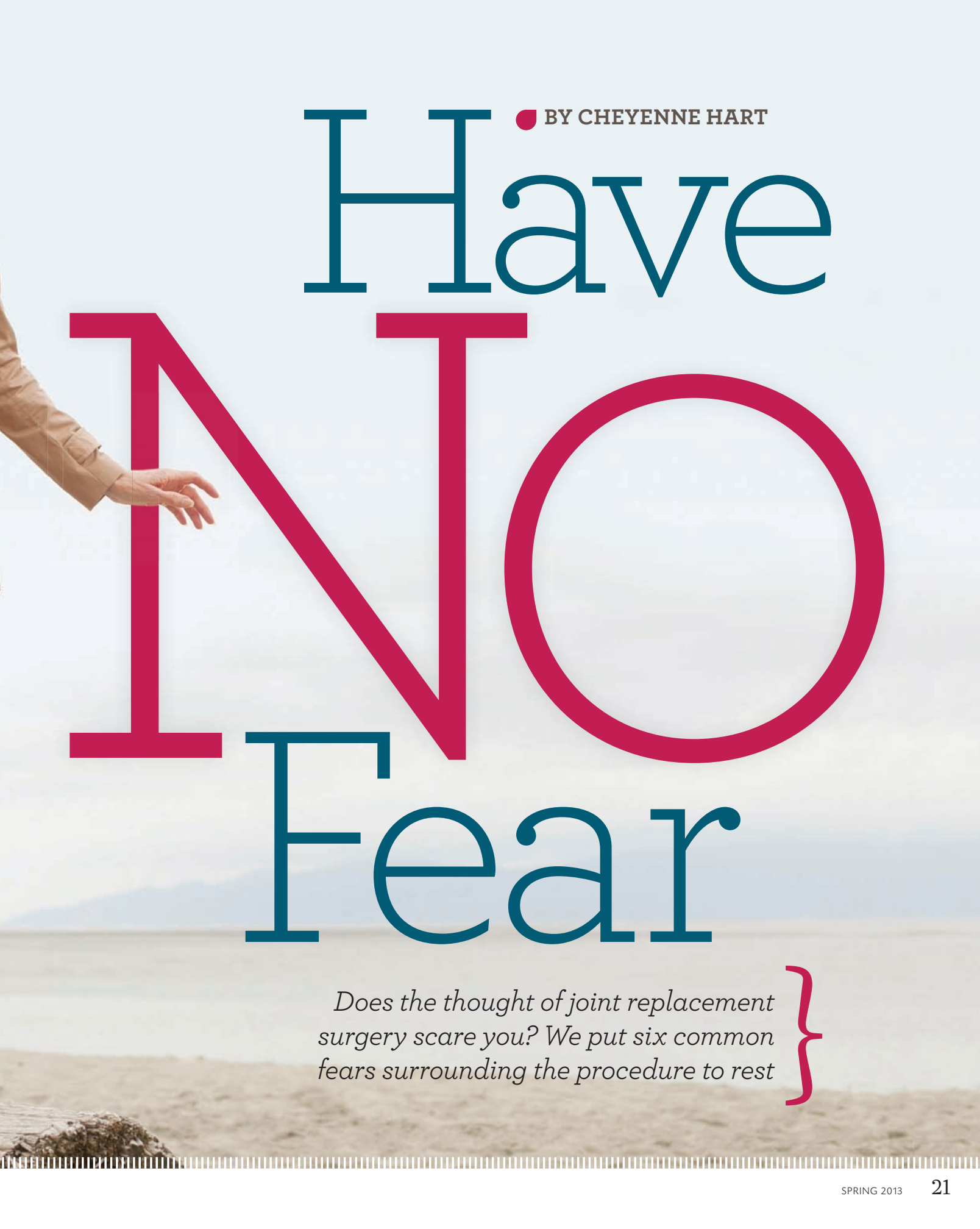
CALL

Your Journey Begins Here

With two locations in Northwest Indiana—Community Hospital in Munster and St. Mary Medical Center in Hobart—Healthy 4 Life offers convenient access to a variety of services necessary for long-term success. For more information on being Healthy 4 Life, call **866-224-2059**, attend one of our free seminars or visit **www.comhs.org** to learn more.







BY CHEYENNE HART

Have NO Fear

Does the thought of joint replacement surgery scare you? We put six common fears surrounding the procedure to rest



Kathy McFarland knows a thing or two about joint replacement. She should. A rare form of arthritis called calcium pyrophosphate deposition disease has led her to have six of them in the past 12 years. Although she says the first surgery scared her, they don't anymore. "Now I'm totally fearless," McFarland says.

If you're facing joint replacement for the first time, you're probably apprehensive, too. And that's natural. But arming yourself with knowledge can help put your fears to rest.

● FEAR: IT WILL HURT.

It's true that there will be pain. It is surgery, after all.

"Joint replacement is a surgical procedure, and a considerable one at that," says Christy Oakes, R.N., president of the National Association of Orthopaedic Nurses. "Patients who think they won't have pain need additional preoperative education."

But McFarland and others who have had joint replacement insist it's worth it. "The pain you're in now is so much worse than what you'll have after surgery," she says. The pain from arthritis is constant and will only get worse, whereas the pain associated with surgery is temporary and will go away in time.

"We've made great strides in pain management," says Douglas Dennis, M.D., an orthopedic surgeon who specializes in hip and knee replacements and a member of the American Academy of Orthopaedic Surgeons. "We try to attack pain from many different angles, and doing so allows us to pretty much eliminate the intense pain when a patient wakes up from surgery."

Oakes echoes Dennis' philosophy. "Having surgery be pain-free is unrealistic, but having pain that is well-controlled is the goal. The goal of every hospital, doctor and nurse is to mitigate and minimize that pain."

If you're facing joint replacement for the first time, you're probably apprehensive, too. But arming yourself with knowledge can help put your fears to rest.

● FEAR: I WILL NEED TO BE OFF MY FEET FOR A LONG TIME AFTER SURGERY.

The idea that joint replacement surgery means weeks or months of bed rest is more than outdated. In fact, as your orthopedic surgeon will tell you, using your new joint soon after surgery is the best possible medicine.

"It's not one of those surgeries where you go home and just sit in the easy chair," Oakes says. "You need to maintain your mobility."

After a hip or a knee replacement, that generally means you will be encouraged to get up and walk the day after your surgery, if not the same day. Most patients are able to leave the hospital in three to five days. Physical therapy starts immediately.

"Patients rehabilitate at different rates," Dennis says. "Some at the four- to six-week interval are back to performing their normal activities of daily living. Others, it might take longer than that."

● FEAR: REHABILITATION WILL BE TOO HARD OR TIME-CONSUMING.

Yes, rehabilitation is hard work. "Joint replacement is not a surgery you can just have and do nothing. There needs to be a personal commitment on the part of the patient, too, to be successful," Oakes says. "But when you look at the outcome and the fact that you will be able to go grocery shopping without pain, I would hope that patients would think there is a return on that investment and commit to rehab."

Dennis agrees. "My recommendation is that when patients decide to proceed with joint replacement, they need to make the commitment to work on rehab after," he says. "The surgical procedure is important, but rehab is critical to the long-term function of the joint. If they don't work on rehab programs, they'll end up with joints that are stiffer and have less strength."

McFarland is a big supporter of rehabilitation, having seen firsthand what a difference it makes.

"It's pretty minimal what you have to do," she says. "Do the basics and keep active, and you'll have a lot better result. You have to keep up your end; your doctor can't do everything for you."



Joint Effort

After spending decades bending, kneeling, running and squatting, it's no wonder that sometimes our hip and knee joints suffer with age.

The orthopedic surgery programs at Community Hospital, St. Catherine Hospital and St. Mary Medical Center are designed to make joint replacements easier to undergo, helping patients get on their feet more quickly. Patients are fully educated about their procedure prior to surgery and continue with inpatient group therapy, followed by education and readiness for recovery at home. Each patient is assigned his or her own specialized, dedicated team of orthopedic professionals.

"By establishing benchmarks and creating Best Practice protocols that each physician, nurse and physical therapist embrace, each patient receives the best care possible," says Suzanne Matheny, R.N., nurse manager of the Joint Academy of St. Mary Medical Center.

After a short hospital stay, patients continue outpatient physical therapy, where they receive education and follow-up from certified physical therapists, occupational therapists and social workers. The continuity of care ensures that each patient receives excellent individualized care and therapy with enhanced patient outcomes.



CALL

Get Back in the Groove

Our team of skilled orthopedic professionals can help you mend, heal and get you on the move again. Call **219-836-3477** or **866-836-3477** for an orthopedic surgeon on staff at the hospitals of Community Healthcare System.



“I often tell my patients it’s not about what your joint replacement won’t allow you to do. It’s about what it will allow you to do.”

● FEAR: I WON’T BE ABLE TO DO THE THINGS I LIKE TO DO.

There may be some limitations in the activities you can do with your replacement joint. But if pain is keeping you from doing those things now, what will you be missing?

“I often tell my patients it’s not about what your joint replacement won’t allow you to do. It’s about what it *will* allow you to do,” Dennis says. “No, we don’t recommend impact-loading activities like running, basketball or racket sports. But we do encourage other activities—like swimming, golf and biking—with no limitations at all.”

McFarland recommends being realistic about your new joint and being open to adapting your activities to it. “These are metal [and polyethylene] parts that don’t regenerate like your body does, and they do wear. So you probably shouldn’t do extreme sports or things with impact,” she says. “I go to the pool almost every day. Aqua jogging works for me. It may not be what you did before, but there’s always something you can do.”

● FEAR: THE JOINT PROSTHESIS WILL NEED TO BE REPLACED AGAIN IN 10 YEARS.

Joint prostheses have come a long way since the first replacement surgeries in the U.S. were performed in the 1960s and are much more durable. Implants are made of varying materials, depending on the joint

being replaced and the condition of the surrounding bone. Common materials include metal, such as stainless steel or titanium, and polyethylene, a durable plastic.

Some newer implants, particularly knees and hips, are made out of a special type of ceramic material or oxidized zirconium, which are both smooth and durable. These new implants can last 20 to 25 years as opposed to older implants that had a 10- to 15-year life span, according to the Arthritis Foundation.

“With the newer polyethylene joints, which we began implanting in 2000, the wear has been dramatically reduced at the 10-year mark,” Dennis says. “They could end up being 30-year implants, but we just don’t have that data yet. It’s very exciting and will certainly lead to a reduction in revision hip or knee surgery in their lifetime.”

Again, patients play a large role in the joint’s success. “A lot of the ability as to how long they last has to do with the patient and his or her care of the joint,” Oakes stresses.

● FEAR: I NEED TO WAIT AS LONG AS POSSIBLE BEFORE HAVING JOINT REPLACEMENT.

Because in years past joint prostheses didn’t last as long, people used to wait until the last possible moment to have the surgery. Today, that philosophy has changed. Because the implants are lasting longer and because we know that the healthier you are when you have the surgery, the more successful it will likely be, people aren’t waiting as long in pain.

McFarland advocates talking to your doctor sooner than later. “There’s a concept out there that joint replacements are the treatments of last resort,” she says. “I know tons of people who wait until they’re in total agony, and I always tell them you don’t have to wait. My advice is that when it starts affecting your quality of life, go get it done. If you don’t wait until it’s so bad, you’ll have a better outcome.” ●



Work

BY AMANDA MYERS

It!

FOUR STEPS to having a healthier, less stressful workspace

If you're reading this at your desk, take a moment and look around. I'll wait.

Do you see clutter and chaos? Are stress-inducing to-do lists tacked up all over, reminding you in no uncertain terms that you have many things to do ... ASAP?! Are your desk drawers hiding an emergency chocolate stash? (Yeah, mine, too.)

When you think about how the average American spends 8.6 hours a day at work, you have to wonder why many of us aren't treating our desks more like the Zen zones that they should be. Instead, we're sitting down each day at a spot not necessarily designed to keep our minds and bodies in a healthy state—the kind of state that allows us to be productive and calm.

Perhaps, then, it's time for an office makeover. By creating a space that promotes health and serenity, you may find it's a little easier to face the daily grind.

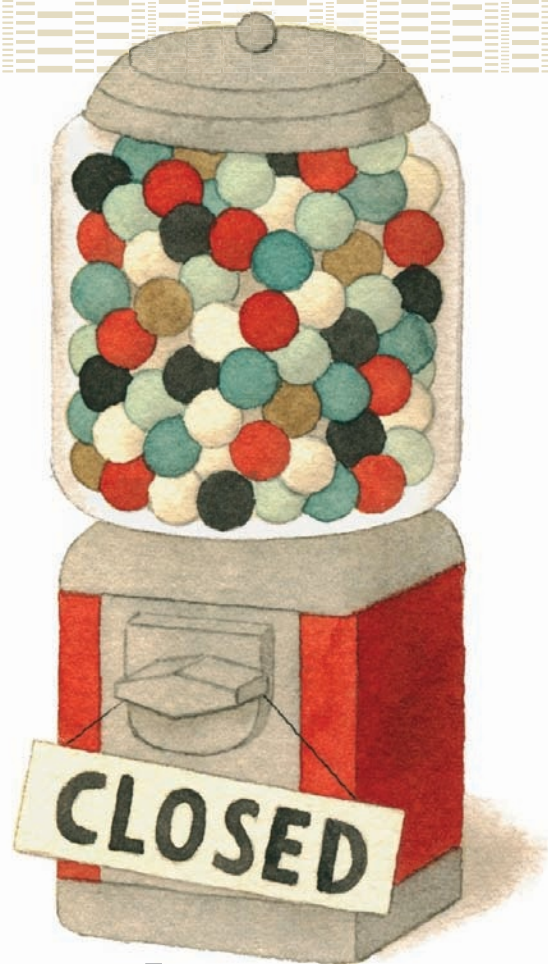
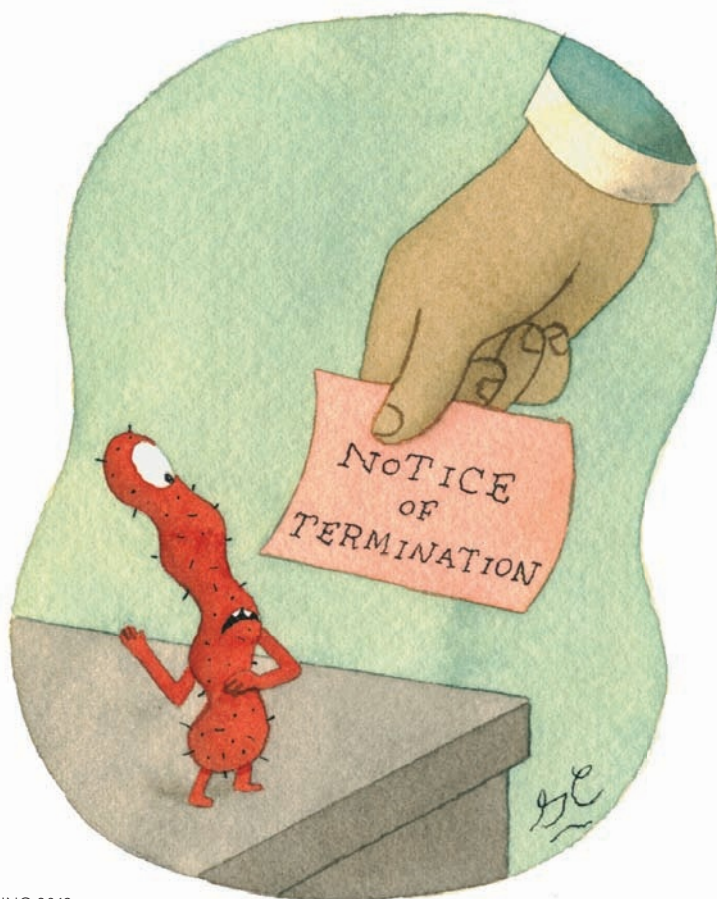
STEP 1:

Give Germs the Pink Slip

You don't even *want* to know how many germs are living on your desk. Just know that there are plenty—and on everything from your phone to your keyboard to that pen you sometimes put in your mouth and chew on anxiously. Germs from coughs and sneezes can live on surfaces for up to three days, so to avoid colds and the flu, make antibacterial wipes your friends. “Wipe off surfaces that are shared, like phones, a computer mouse and shared workstations,” says Nieca Goldberg, M.D., a cardiologist and the author of *Dr. Nieca Goldberg's Complete Guide to Women's Health*.

And, though it seems common sense, Goldberg stresses, “people should stay home if they're sick.” You may think you're noble to trudge to work despite a nagging cough, but what you're really doing is not so nicely sharing those germs.

Finally, nix superfluous routes of cross-contamination. “If you have a bowl of jelly beans and everybody puts their hands in it, you're going to get their germs,” Goldberg says. And, speaking of jelly beans ...



STEP 2:

Close the Candy Shop

Snacks are important to keep your energy up, but having them within arm's reach at all times makes it all too easy to graze the whole day long. This can add up to far more calories per day than your body requires. Instead, bring only the snacks you need for that day with you each morning. Prepacked 100-calorie snacks can help you stay on track with a healthy diet, so can baggies of fresh fruit slices or low-sugar cereal.

Then there's the office staple: the candy bowl. There's one in every office and if it's on your desk, give it the boot. “If you want to lose weight, keep the candy away,” Goldberg says. Consider that just three tiny, bite-sized candy bars can load you up with as many as 225 calories, but an apple and a piece of string cheese are just under 140 calories. Plus, sugary snacks will cause a spike in your blood sugar, meaning you're more likely to crash soon after. Sustaining your energy with healthy fiber, vitamins, minerals and protein will keep you alert until closing time.



CALL

Got Back Pain?

Find an orthopedic expert on staff at Community Healthcare System. Our free referral service is available Monday through Friday, 8:30 a.m. to 5 p.m. Call **219-836-3477** or **866-836-3477**.

Assistance is available in English and Spanish.

STEP 3: *Check Your Posture*

Back problems can plague people who spend the majority of their workday in an office chair. The reason: Many of us sit forward in our chairs, leaning toward the computer in front of us. "When you're not sitting properly—straight up, abs in and with a good, strong core—there's a lot of back strain," Goldberg says. There shouldn't be a space between your back and the back of the chair. Also, the doctor adds, keep your feet flat on the floor. Making these small changes can prevent orthopedic issues such as chronic back pain and pinched nerves. The benefits include improved flexibility, which helps prevent back injuries down the road.

Additionally, check to make sure you haven't glued yourself to your chair. "You should get up every hour, walk around the office, drop off a paper at someone's desk," Goldberg advises. These moments of movement will stretch your spine and the muscles of your back and legs, preventing stiffness and cramping.



STEP 4: *Find Your Happy Place*

Keeping a positive mental attitude can have real, tangible effects on your physical health. According to research from the Harvard School of Public Health, happy people were less likely to have risk factors for high blood pressure and high cholesterol levels and obesity. Make your workspace a happy space by surrounding yourself not with endless to-do lists, but instead, photographs or other trinkets that elicit positive memories, says Goldberg. "I have a letter from a friend of mine and I keep that in every desk I have. She was a nurse I worked with many years ago. It's a very supportive note."

Put fresh flowers on your desk, which can be instant mood-lifters. If you can, incorporate natural light into your work area. You'll be feeling sunny in no time.

Do you want to actually strengthen your core or burn calories while you work? Ask your office to supply you with an exercise ball chair or a standing workstation, or invest in one yourself. ●

Take a Stand

Are you a sloucher at your desk? If so, you probably notice your back has started to speak up in protest. Many people who sit at a computer or a desk for long periods on the job suffer physically as a result. Ergonomically planned spaces can correct some on-the-job hazards, but the most important workspace adjustment to make for your health is in posture. Having a chair that adjusts is a start. Having a keyboard at the correct height is also important. If you use a laptop, think about getting a wireless keyboard.

Community Care Network orthopedic surgeon Surender Dhiman, M.D., treats patients with various complications due to long periods of sitting. "Body pain, herniated disks, nerve problems and painful joints are often direct results of long office hours," he says. "When someone sits, the spine is under a lot of pressure. Our bodies were made to stand, so maintaining the seated position for long periods of time can be physically stressful." Poor posture can lead to chronic back pain, damage to spinal structures, additional stress and pain on joints and overall instability of the body's core, which can lead to falls and fractures.

BY STEPHANIE PATERIK

A Breath OF Fresh Air

*How Diane Keaton
controls her asthma and
lives life to the fullest*





I

n the *movie*

The Lemon Sisters, Diane Keaton plays a lovably kooky character with asthma who refuses to give up her menagerie of cats, even though they aggravate her condition. She puffs away on an inhaler as her furry companions strut around the house. It gets so bad she winds up in an emergency room, zipped inside an oxygen tent.

At 67, the Oscar-winning actress has starred in nearly 50 films. But the role of an asthma sufferer is one she knows especially well.

Keaton was plagued with asthma and related breathing problems as a young girl growing up in Los Angeles. In her 2011 memoir, *Then Again*, she recalls a life-threatening bout with whooping cough.

"I thought I was dying. I couldn't breathe," Keaton writes. "Asthma was bad enough, but this whooping-cough thing was way worse."

Treatment options were limited in the 1950s, so Keaton's dad held her upside down to help her catch a breath.

"When dad turned me upside down, I got my breath back almost instantaneously. It was like a miracle," she writes. "Mom was so worried, she kept me out of school for two months of my fourth-grade year. Every day she spread Vicks VapoRub



on my chest, and she gave me 7UP with ice hourly. Sometimes she'd even let me watch TV."

The star is breathing easier now—if her active lifestyle is any indication. She's nabbing major movie roles, publishing books, flipping historic California homes and raising two kids, whom she adopted when she was 50, no less.

Keaton is proof positive that people who have asthma can live full, joyful lives. The trick is finding the right medication, exercising wisely and keeping stress in check.

FIND THE RIGHT MEDICATION

Lucky for Keaton—and the other 25 million Americans who live with asthma—treatments have come a long way since the days of VapoRub and bed rest, says Francis Adams, M.D., a pulmonary specialist and author of *The Asthma Sourcebook*. "The way we treat asthma has changed tremendously," he says.

When Keaton was a kid, people raced to the ER for a shot of adrenalin under the arm during a severe attack. Since the advent of inhalers, people can treat the condition at home and vaporize attacks before they begin.

There's no cure for asthma, so the goal is to control it—that means staying out of the hospital and needing an inhaler no more than twice a week.

Start by pinpointing the type of asthma you have and what triggers it, Adams says. Is it stoked by allergies, exercise or your workplace? Does it strike in the winter or hang around all year?

Next, your doctor can tailor a treatment plan. That might include a preventive inhaler, a rescue inhaler, or anti-leukotriene medicine called montelukast (Singulair) that reduces inflammation in the lungs. Your doctor may even prescribe a combination drug to streamline your medications, not to mention your medicine cabinet!

Newer treatments include omalizumab (Xolair), the so-called "asthma vaccine," a monthly injection that eliminates breathing problems for many people who have allergy-related asthma. And for the most severe cases, surgeons can perform a bronchial thermoplasty, which uses heat to reduce constriction in the bronchial tubes.

Of course, the most important part of any treatment plan is to follow it. "No one likes to take medicine," Adams says. "I'm a patient, too. I don't

like to take medicine, but you really have to commit to it when you have a chronic illness."

EXERCISE WISELY

For many with asthma, "exercise" is a scary word. After all, physical activity taxes your lungs. But Keaton seems to know that in the long run it helps her breathe easier.

Photographers have spotted the actress stretching, running laps and doing yoga on a Santa Monica track. And, being just as quirky in real life as she is on-screen, Keaton rehearses lines while jogging through her neighborhood.

"I don't think I can keep trying to memorize my speech while jogging on the streets of Beverly Hills," she confesses in her memoir. "The Starline Bus Tours unfailingly drive by while I'm in the middle of rehearsing the final section ... when I sing a bit of 'Seems Like Old Times.' It's awful. I feel like an idiot."

Allergy-Proof Your Home

Diane Keaton's home is her sanctuary. She's known for lovingly renovating and decorating every house she owns. Asthmatic patients who suffer from allergies can make home a haven, too, by removing dust mites, mold and smoke. Follow this checklist from *The Asthma Sourcebook* by Francis Adams, M.D., to allergy-proof your home and breathe easier.

TO REDUCE DUST MITES:

- Remove carpets, rugs and upholstered furniture.
- Cover mattresses, pillows and box springs with zippered covers.
- Wash bedding in hot water once a week.
- Wash stuffed animals.
- Use a HEPA air filter.

TO REDUCE MOLD:

- Keep humidity levels at 30 to 50 percent with a dehumidifier.
- Use a mold-remover spray on bathroom walls, window sills, air conditioners, humidifiers and plant soil.

TO REDUCE INDOOR POLLUTION:

- Ban smoking from your home.
- Avoid gas and wood stoves and fireplaces.

Embarrassment aside, she's doing an excellent job of conditioning her lungs. And she's pushing past the first eight minutes—the hardest part for someone with asthma.

"She's doing everything right," Adams says. "That longer warm-up gets you through that initial tightness that comes to everyone with asthma when they start exercising. Then that second wind comes. In the long run, exercise is going to make you healthier and even decrease your asthma."

Take a cue from Keaton and warm up with stretches or a light jog. Incorporate yoga to regulate breathing. And most importantly, exercise for 20 minutes three times a week to condition your body.

"Studies actually have shown that if you're in top shape, you have less need for medicine if you're asthmatic, and you have fewer attacks," Adams says. "This is definitely related to conditioning."

Some patients are sensitive to outdoor pollutants, allergens and cold air. If that's your case, exercise indoors or wrap a scarf around your mouth to warm the air as you breathe.

STRESS LESS, BREATHE MORE

In *The Lemon Sisters*, cats weren't the only trigger for Keaton's character. Stress pushed her over the edge. It's a common scenario, Adams says.

"Asthma at some points was looked upon as a hysterical reaction, and people were often dismissed that way, and obviously that was dead wrong," he says. "But we do know stress can be as much of an asthma trigger as walking into a room with a cat if you're allergic to cat dander."

Why are stress and asthma entwined? Picture the rich network of nerves running through your lungs and bronchial tubes. When you are stressed, nerve impulses can trigger an asthma attack, much like a muscle twitch or cramp.

Keaton is remarkably open about the stresses in her own life, from struggling with bulimia as a fledgling actress in New York to losing her mother to Alzheimer's disease five years ago. Watching her mom fight to breathe at the end of her life struck a chord.

"Having had asthma, I knew how hard it was to work for so little air," Keaton writes.





CALL

Care Is Just a Call Away

To find a pulmonologist on staff at the hospitals of Community Healthcare System, call **219-836-3477** or toll-free **866-836-3477**. For outpatient respiratory care, call St. Catherine Hospital at **219-392-7575**, Community Hospital at **219-836-4533** or St. Mary Medical Center at **219-947-6570**.

"Inhale, hold for thirty. Exhale. Inhale, hold for forty. Exhale."

Keaton turned to "talk therapy" in her 20s, a suggestion from then-boyfriend Woody Allen. Therapy helped the *Annie Hall* star overcome bulimia, and it has been a cornerstone of her healthy lifestyle ever since.

"All those disjointed words and half sentences, all those complaining, awkward phrases shaping incomplete monologues blurted out to a 65-year-old woman smoking a cigarette for fifty minutes five times a week, made the difference," she writes. "It was the talking cure."

Adams encourages his patients to manage stress, anxiety and depression with talk therapy, incorporating breathing exercises to calm the body. Meditation and biofeedback help, too.

"Stress is a tremendously important source of asthma, and it's the hardest thing to treat," he says. "I can prescribe lots of drugs to relax the bronchial tubes and reduce inflammation, but it's not easy to say to someone, 'You need to take care of your stress.'"

"And we're all stressed out," he adds. "I will not hesitate to tell people that at a stressful time in my life, I went to see a psychiatrist, and I would recommend not trying to fight anxiety and depression without professional help."

READY TO INHALE

Keaton breathes in life wherever she can find it. With a longtime passion for photography, architecture and performing, she is always immersed in a creative project. She enjoys shuttling her kids to swim practice in her bare feet, and peppering them with questions when they

Breathe Easy

Do you feel as if you can't get enough air when you breathe? Does shortness of breath or long-term coughing limit your activities? These symptoms could be signs of asthma, bronchitis or COPD (chronic obstructive pulmonary disease), which can be treated or controlled if detected early.

If you're having any of these symptoms, talk to your doctor right away. Your doctor may take chest X-rays or do some breathing or blood tests to find the cause. These tests can provide valuable information that can help physicians recommend a treatment that's right for you.

Respiratory therapy care at Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart is available on an outpatient basis. Diagnostic and therapeutic services are provided by licensed and credentialed therapists.

Respiratory therapists provide temporary relief to patients with chronic asthma or emphysema as well as other lung diseases.

Call your doctor to set up a visit and then breathe easy. You've taken a big step for your health.

return from school. The Pacific Ocean, Sonoran Desert and Manhattan streets delight her equally.

"The best part is that I'm still here and, because the end is in sight, I treasure it all more," she told *AARP The Magazine* in March 2012. "You have to live life all the way, you know? Take risks. Do things you can't imagine. 'Cause, hey, why not, right?"

Asthma reminds us to appreciate the little things, and that can drive us to greatness, Adams notes. "Martin Scorsese was asthmatic, and he attributes that to a lot of his interest in film, because he was always indoors and watching whatever medium he could watch."

Hollywood once portrayed asthma sufferers as weak-willed inhaler-toters, doomed to the sidelines of life. Then along came Keaton with her bolero hats and "la-de-da" charm, determined to defy every stereotype. ●



What Are the

CHANCES?

*Smoking, tanning, grilling
your food—find out just
how risky these behaviors are
when it comes to cancer*



It seems as though everywhere you turn, you hear about another thing in your life that might cause you cancer. Deodorant. Cellphones. Plastic food containers. It all sounds a little ridiculous, doesn't it?

Believe it or not, the researchers behind the claims aren't trying to scare you—or annoy you—to death. They're trying to help you understand the risks so you can adequately protect yourself.

But before you can go about protecting yourself, it's important to understand exactly which objects and behaviors are actually harmful and which aren't. Let's explore some common behaviors, and determine which ones are most closely tied to cancer, with level 5 being highest risk.

● BY JILL SCHILDHOUSE



PHOTOGRAPHY BY GETTY IMAGES



3 More to Consider

Artificial sweetener:

Researchers have been studying artificial sweeteners since before the Food and Drug Administration banned cyclamate in 1969 after a study linked it to bladder cancer. While still a banned substance, no studies have replicated the outcome since. And research has shown there is no link between saccharin and aspartame and cancer.

Fluoridated water:

After analyzing several research studies on drinking fluoridated water and cancer, the Centers for Disease Control and Prevention said they found “no credible evidence” of a connection.

Cellphones: The jury is out on this one. Researchers have not found a consistent link to cancer, but studies continue as cellphone technology, and therefore radio-frequency exposure, is changing rapidly.

Source: National Cancer Institute



EATING GRILLED FOOD

RISK LEVEL: 2

REASON: “While grilling meats at high temperatures creates compounds that have been shown to increase cancer risk in animals, it’s not clear the extent to which they do in humans,” says Colleen Doyle, M.S., R.D., director of nutrition and physical activity for the American Cancer Society. “Some studies do suggest that people who eat a lot of grilled meats have higher rates of stomach, pancreatic, colorectal and breast cancer.”

RECOMMENDATION: While the American Cancer Society doesn’t discourage grilling, it does offer the following tips:

- Clean your grill often to remove charred debris.
- Don’t burn meats. If you do, don’t eat those areas.
- Precook meats in the microwave or oven so they don’t need to be on the grill as long.

Doyle also suggests cutting back on red meats in favor of seafood and poultry, as eating red meat has been shown to increase the risk of prostate and colon cancers.



SMOKING

RISK LEVEL: 5

REASON: “Smoking is the leading cause of preventable death worldwide,” says Ted Gansler, M.D., director of medical content for the American Cancer Society. “It’s responsible for one in five deaths in the U.S., 30 percent of all cancer deaths and 87 percent of all lung cancer deaths.”

But you’re not necessarily in the clear if you aren’t a smoker. “Each year, about 3,000

nonsmoking adults die of lung cancer due to the effects of secondhand smoke,” Gansler warns.

RECOMMENDATION: If you’re a smoker, now is the time to quit. There are many tools to help you succeed. “Ask your physician for help,” Gansler suggests. “Get medication and support. Only a small percentage of people are successful in quitting on their first attempt. So be persistent; it may take several attempts.”

If you live with a smoker, ask him or her to smoke outside and never near children. And when choosing hotels and restaurants, select smoke-free options.



USING TANNING BEDS

RISK LEVEL: 4

REASON: Studies show that people who use indoor tanning beds have a 17 percent increase in developing melanoma (the most serious form of skin cancer) than those who don’t, Gansler says. “And if you start using tanning beds before age 35, you face a 75 percent increased risk of melanoma.”

RECOMMENDATION: “Whatever color you are, that’s the color you’re supposed to be,” Gansler says. “Don’t do something dangerous to change your appearance.” He suggests avoiding indoor tanning facilities. “And when outside, wear sunscreen [with an SPF of 15 or greater], sunglasses and a wide-brimmed hat to avoid exposure to the sun’s damaging ultraviolet rays.”



USING ANTIPERSPIRANT

RISK LEVEL: 1

REASON: There are no strong studies reporting a statistical link between cancer risk and antiperspirant use, according to the American Cancer Society.

“This myth began because people thought deodorant blocked the body’s ability to eliminate toxins via perspiration ... and the toxins backed up into the armpit and caused cancer,” Gansler says. “This is not true. In fact, a study that compared 813 women with breast cancer and 793 women without the disease found no relationship between breast cancer risk and antiperspirant use, deodorant use or underarm shaving.”

RECOMMENDATION: Gansler maintains that the risk, if any, for the average person is low. But if you have specific concerns, many health food stores sell natural alternatives.

If you don’t smoke, weight is the next most important risk factor for cancer.

Prevention Is Key

The hospitals of Community Healthcare System offer screenings and educational classes to help detect and prevent various medical conditions. For more information or to register for a screening or class, call **219-836-3477** or **866-836-3477**.



CALL



BEING OVERWEIGHT

RISK LEVEL: 5

REASON: “If you don’t smoke, weight is the next most important risk factor for cancer,” Doyle says. “But you can eat healthy and exercise and still be overweight.”

Doyle explains that a body mass index (BMI) of 25 or higher increases your risk for a variety of cancers, including breast cancer and colon cancer. “Current patterns of overweight and obesity in the United States could account for up to 14 percent of cancer deaths in men and 20 percent in women, and contribute to 90,000 cancer deaths each year,” she says.

RECOMMENDATION: Doyle suggests calculating your BMI (visit nhlbisupport.com/bmi), and taking action if it’s 25 or higher. “Reducing your weight by just 5 to 10 percent equates to good health benefits,” she says. “You can do this by watching your portion sizes, getting 30 minutes of exercise five or more days per week and eating more fruits and vegetables to help fill you up.” ●



Screening Stars

The best way to detect cancer is through early screening. Rather than leave your health to chance, getting regular checkups can help to manage and sustain good health.

The hospitals of Community Healthcare System—Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart—offer various preventive cancer screenings.

Annual mammograms are recommended for women over 40 or who have a family history of breast cancer.

Prostate cancer screenings are recommended for men age 50 and over, or age 40 and over who have a family history of prostate cancer. Skin cancer screenings examine questionable areas on the body to look for indications of cancer or precancerous conditions. A baseline colonoscopy is recommended beginning at age 50 and then every 10 years for average-risk people.

These tests can provide valuable information about your health so you can remain active and enjoy life.

Symptoms *Never* to Ignore

NECK LUMP

FAINTING

UNEXPLAINED
WEIGHT LOSS

From incessant fatigue to unexplained weight loss, here are reasons to call your doctor—now

BY LORI K. BAKER

I simply don't have time to get sick," you mutter to yourself as you bolt out the door at 7 a.m. to head to work. Maybe you've been exhausted for weeks. Or you've had a constant, nagging backache. Or that swollen gland on your neck hasn't gone away. Whatever it is, you say it's nothing and convince yourself it will go away on its own.

It's easy to play the wait-and-see game when you're preoccupied with so many other things. But when are simple aches and pains, lumps and bumps indicative of something more? Here are nine seemingly minor symptoms you should never ignore.



PHOTOGRAPHY BY THINKSTOCK AND SUPERSTOCK

1 • FATIGUE

WHAT IT MIGHT MEAN: “It’s easy to pass off fatigue as due to stress, not sleeping or burning the candle at both ends,” says Sandra Fryhofer, M.D., past president of the American College of Physicians. “But it could be due to a medical condition—anemia, an underactive thyroid, heart disease, depression or hepatitis.”

WHAT TO DO: If you’ve suffered from fatigue for more than two weeks, Fryhofer recommends that you make an appointment with your primary care physician to find out its cause and how to treat it.

2 • UNEXPLAINED WEIGHT LOSS

WHAT IT MIGHT MEAN: Stepping on the scale to discover you’ve lost 10 pounds without even trying only sounds like a dream come true. If you haven’t changed your eating habits and you’ve lost a noticeable amount of weight, it can be a serious red flag. The list of suspects includes diabetes, an overactive thyroid gland and cancer, according to Neil Shulman, M.D., and Jack Birge, M.D., co-authors of *Your Body’s Red Light Warning Signals: Medical Tips That May Save Your Life*.

WHAT TO DO: “Go to your doctor,” Birge says. “This calls for a prompt investigation.”

3 • A NECK LUMP

WHAT IT MIGHT MEAN: It might be something as simple as a sore throat. “But it also might mean a hidden malignancy or the first signs of Hodgkin disease,” Birge says.

WHAT TO DO: Make an appointment to see your physician if the lump is larger than 1-inch wide or has lasted more than two weeks, Birge advises. Your physician will determine whether the lump is a discrete mass and may order a biopsy.

4 • SEEING SPOTS

WHAT IT MIGHT MEAN: If you’re seeing specks or “floaters,” they may be more than annoying. They could be symptoms of retinal detachment, and you should see an eye-care professional immediately.

WHAT CAN BE DONE: Small tears can be treated with laser surgery, during which tiny burns are made around the hole to “weld” the retina back into place. Another option is cryopexy, which freezes the area around the hole and helps reattach the retina. These procedures are usually performed in the doctor’s office. More complicated cases may require a hospital stay.

5 • FAINTING

WHAT IT MIGHT MEAN: If you’ve fainted or felt extremely dizzy after quickly standing up, you may suffer from more than embarrassment. Called syncope, it can be a symptom of internal hemorrhaging from an ulcer, high blood sugar levels in people who have diabetes, severe dehydration, anemia or serious heart irregularities such as arrhythmias, Birge says.

WHAT CAN BE DONE: Your primary care physician may order tests to check your blood sugar level and blood count and to monitor your heart.

6 • BLOOD IN URINE

WHAT IT MIGHT MEAN: There are many causes of bleeding into the urinary tract, such as bladder infection, but “one of them is cancer, which may be in the kidney, ureter, bladder or prostate,” Shulman says. “At the time when they are still curable, these cancers often do not cause pain.”

WHAT CAN BE DONE: In addition to a urinalysis, your physician may order an ultrasound of your kidneys or a cystoscopy to see the interior lining of the bladder. If a suspicious mass is found, a biopsy usually will be performed.



● NUMBNESS AND WEAKNESS IN HAND OR ARM

WHAT IT MIGHT MEAN: You might pass it off as carpal tunnel syndrome. But it could be a transient ischemic attack, “a red light warning signal of a stroke,” Shulman says. Other warning signs include numbness on one side of your face, slurred speech and vertigo.

WHAT TO DO: “Go to the emergency room,” Birge says. “We can now use a drug called tissue plasminogen activator to dissolve clots and restore blood flow to the brain.” But the drug must be given within three hours of the onset of symptoms to allow a chance for full recovery. And that doesn’t mean you can wait two hours and 45 minutes to get to the hospital. Given drive time and prep time, every minute counts. The best solution is to call 911 so the emergency response team can begin treating you in the ambulance and coordinate with the hospital for your arrival.

BACK PAIN ●

WHAT IT MIGHT MEAN: Everyday back sprains from heaving heavy boxes or picking up squirming toddlers don’t pose a big worry. But be on the lookout for back pain that’s constant and doesn’t change with movement, which can be a symptom of kidney disease, blood-borne infection or an aortic aneurysm, Birge says.

WHAT TO DO: To help your doctor make the diagnosis, be sure to describe other symptoms you might be experiencing, such as paleness, a rapid pulse, chills, fever or flu-like signs.

● LOWER LEG PAIN

WHAT IT MIGHT MEAN: If you suffer pain in the back of your calf after a long car trip, an airplane ride or a period of bed rest, it might be a symptom of a blood clot. It’s possible that a piece of the clot could break free and end up in your lungs, which can be fatal. If the pain occurs with walking and then is alleviated by rest, it could be peripheral vascular disease, a marker for heart disease.

WHAT CAN BE DONE: Your doctor may order a venous ultrasound to detect a blood clot. Birge says blood clots can be treated with the prescription drugs heparin or warfarin. Peripheral vascular disease usually can be remedied with lifestyle changes—eating a heart-healthy diet and exercising at least 30 minutes a day three or more days per week. More severe cases may require medication, angioplasty, stent placement or bypass surgery. ●

All in the Family

When you are experiencing symptoms that persist or worsen, a trip to the doctor is in order. A family practice doctor is an M.D. (medical doctor) or D.O. (doctor of osteopathic medicine) who practices general medicine. He or she is usually the first physician whom most people make an appointment with to see. Family practice doctors provide broad primary care medical services to patients of all ages. They treat a range of minor ailments such as colds, cuts that require stitches and sprains. They also diagnose and treat a wide range of conditions and promote healthy lifestyle choices to their patients. Part of their care includes immunizations and preventive screening tests, and help for patients planning healthy diets or exercise programs. Family practice doctors refer patients to specialists if they identify a serious health issue.

Community Care Network physicians are closely affiliated with the hospitals of Community Healthcare System: Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart. Our Care Network physicians help you get the most out of life by linking you with the expertise you need.


CALL

Get a Free Referral

We offer personalized assistance to help you select a family medicine physician. Free referral service is available Monday–Friday from 8:30 a.m. to 5 p.m. by calling **219-836-3477** or **866-836-3477**.

Assistance is available in English and Spanish.





*Know the
facts and myths
about allergies
and fight back*



When Allergies Attack

ACHOO! SNIFFLE. BLOW. ACHOO!
Ah, the sounds of allergy season. • If you're an allergy sufferer, you know the signs well—sneezing, runny nose, congestion and watery eyes are common symptoms.

And if you're an allergy sufferer, you're far from alone. Nearly one in five Americans suffers from some sort of allergy, according to the Asthma and Allergy Foundation of America. About 40 million of us have an indoor/outdoor allergy, such as pollen, mold, dust mites or pet dander, as our primary allergy.

People who are allergic to pollen from particular plants, such as grass, trees or weeds, experience seasonal allergic rhinitis (or hay fever). In the U.S., that's about 7.8 percent of adults age 18 and older, the American Academy of Allergy, Asthma & Immunology reports.

Indoor allergens like dust and pet dander can also trigger allergic rhinitis. Of course, if you're allergic to these things, your allergy "season" is year-round.

ALLERGIES EXPLAINED

So, what's happening when you have an allergy?

An allergy is essentially a miscue in the body's immune system, where it senses a substance—such as pollen or mold—as a harmful invader, and causes the body to produce immunoglobulin E antibodies. An initial allergy screening will often include a blood test for these antibodies, which travel to cells that release chemicals that cause an allergic reaction.

There are steps you can take to minimize the symptoms of allergies, but perhaps the most important step is to first educate yourself.

Here are a few common myths about allergies and what you should know.

Seasonal allergies (hay fever) lead to nearly

4 MILLION

MISSED OR LOST WORKDAYS ANNUALLY,
which accounts for more than

\$700 MILLION

IN LOST PRODUCTIVITY.

Myth:

If you didn't have allergies as a child, you don't have to worry about them as an adult.

"You can develop an allergy at any age," says Stanley Fineman, M.D., president of the American College of Allergy, Asthma & Immunology. If that "cold" just won't go away, it might be an adult-onset allergy, so talk to your doctor.

Allergies tend to run in families, Fineman notes, so if your parents have allergies, that might be more indicative of your risk than whether you had them as a child.

Myth:

Moving to a dry climate will cure your allergies.

"That's what was thought years ago," Fineman says. "That was really before we knew a lot about the immune reaction."

You can't escape allergies, but you might be able to minimize their effects.

"Allergies occur in every state in the U.S.," says Neil L. Kao, M.D., a fellow of the American Academy of Allergy, Asthma & Immunology. "However, allergies from pollen and mold occur more frequently in warmer or wetter climates. The Southwest has a drier climate, so generally, the pollen and mold counts are lower there."

But remember, Fineman notes, as people have populated the Southwestern states over the years, they've brought plants with them, meaning a lot of dry climates have more than simple desert plants. In the end, you may simply find yourself trading one allergy for another.

Myth:

To manage your allergies, stay away from brightly colored flowers.

Plants are pollinated in one of two ways—by wind or by bees.

"Brightly colored flowers produce pollen that is too large and heavy to be spread by the wind," Kao explains. "The bright colors and nectar attract bees, who fly from flower to flower and so pollinate flowers. Pollen from trees, grasses and weeds are smaller and spread by the wind."

The small, wind-blown pollen particles from grass and weeds are to blame for allergies, rather than the heavy pollen in flowers like roses and tulips.

Myth:

To cure seasonal allergies, eat the local honey.

If only it were so simple. "There have been studies that have shown that local honey is not medicinal for reducing an allergic predisposition," Fineman says. "It's not going to hurt you, but it's not medicinal."

Still, it's easy to understand why people might think that. Karen Calhoun, M.D., an otolaryngic allergist and the president of the American Society of Geriatric Otolaryngology, explains it as a kind of purported immunotherapy, a therapy that is designed to stimulate the immune system—but not enough to cause an allergic reaction. The goal of immunotherapy (as in allergy shots) is to slowly build up a tolerance.

For this theory to work, however, the pollen that the bees take back for the honey would have to be the very pollen you're allergic to, and that's not likely, she says, because the pollens that cause allergies are typically carried in the wind, rather than by bees.

Myth:

Short-haired pets don't cause allergies.

Sorry, Fido. "Short-haired pets can cause allergic reactions, contrary to what many people say," Kao says. The issue is not the hair itself, but the dander—or flakes of skin—that hide out in fur or feathers. The amount of dander may be less in a small and short-haired pet than a large, long-haired one, but if pet dander is your kryptonite, you're still likely to have a reaction around even the smallest pooch.

Dander is found in mammals and birds, Kao says. If you happen to have a pet lizard or snake, you're in the clear.

Myth:

Allergies are not life-threatening.

Unfortunately, allergies are more than just a nuisance. "Allergies can be life-threatening if the allergic reaction [causes] the airway or lungs or heart to function very poorly," Kao says. Called anaphylaxis, these severe reactions require emergency care and are typically caused by food allergies or bee sting venom.

Myth:

There's nothing that can be done.

"It's amazing the way people just put up with allergies," Calhoun says. "There's a whole spectrum of things to help them with those symptoms."

She recommends seeing an allergist to get tested.

"Allergies are not easy to diagnose," Fineman adds. "And it does take experience, specialized training and the proper tools to really make an accurate diagnosis."

In addition to avoidance strategies, your doctor may recommend an over-the-counter or prescription medication designed to alleviate symptoms.

Another option for some patients, Fineman says, is allergy shots, which are typically recommended for people who have symptoms more than three months out of the year or have severe allergies. It's not a cure, but rather a way to reduce your sensitivity to allergens.

"Allergy shots are a very effective way of helping patients build tolerance," he explains. "It's really the only disease-modifying treatment we have." ●

CALL

Dial Up Relief

For a referral to an ear-nose-and-throat specialist or otolaryngologist on staff at Community Hospital in Munster, St. Catherine Hospital in East Chicago or St. Mary Medical Center in Hobart, call

219-836-3477 or toll-free
866-836-3477.



By a Nose

Having an occasional stuffy nose is normal for most people and usually not a problem. But if your nose is so stuffed up that you constantly feel as if you can't breathe, it may be something more. Sinusitis is an inflammation of the sinus lining caused by bacterial, viral or microbial infections. It can also result from structural issues like blockages of the sinus opening. If the sinus opening is closed, normal mucus drainage may not occur and may lead to infection.

Seasonal changes, environmental allergies and geographic location can all play a role in overall sinus health. In areas with seasonal changes such as the Midwest, allergies, asthma and sinusitis often overlap. Some infections are short-lived or acute, while others continue to persist despite antibiotic treatment, a condition referred to as chronic. A thorough history, allergy testing and imaging studies are useful tools to aid in diagnosis.

"Since every patient is different, it's important to customize a treatment plan that will satisfy every individual's specific needs," says Community Care Network otolaryngologist Jack Patel, D.O. "It's never too early to see an ENT for treatment."



7 to Follow for FOOD SAFETY

Food-borne illness is easily prevented, if you know whom to follow. Check out these seven Twitter feeds to keep noshing without the nausea.



@foodsafety.gov

WHAT THEY DO: A one-stop shop for news, tips, recalls and other food safety information.

@foodsafeguru

WHAT THEY DO: Send out food alerts, recalls and information on safe food handling.

@michaelpollan

WHAT HE DOES: This author of *In Defense of Food* tweets about the food industry—the good, the bad and the ugly aspects of the business and landscape.

@foodsafetymag

WHAT THEY DO: This science-based publication lets you get your geek on in the world of food safety and quality assurance.

@barfblog

WHAT HE DOES: This Twitter handle belongs to Doug Powell, a professor of diagnostic medicine and pathobiology at Kansas State University. He is passionate about reducing the burden of food-borne illness and compels others in the farm-to-fork food safety system to adopt best practices.

@earthheats

WHAT THEY DO: Tweet about food, food safety, policy, sustainable agriculture, international news and recipes to make the world a tastier place.

@fight_BAC

WHAT THEY DO: The Partnership for Food Safety Education tweets about safe food handling and what consumers can do to fight bacteria.

SOCIAL

Tweet, Tweet!

To stay connected with the latest news from Community Healthcare System, click on the Twitter link at the bottom of our home page at www.comhs.org. Or find us on Twitter: @CHSHospitals.



FOLLOW @CHSHOSPITALS

Keep up with news from the hospitals of Community Healthcare System by following us on Twitter. It's a fun and easy way to share news about our hospitals—Community Hospital, St. Catherine Hospital and St. Mary Medical Center. Whether you are looking for an upcoming class, a support group, an educational program or a screening, our followers get the tweets they need to keep tuned into their health. You'll also find access to Northwest Indiana and national healthcare organizations from our "following" list.

Stress. Download. *Relax.*

Breathe2Relax, a free app created by the National Center for Telehealth & Technology and available for iPhone, iPad and Android devices, provides a guided way to diminish your response to a hairy situation. It shows you the effects of stress on the body and instructs you on how to do diaphragmatic breathing—a proven technique to lessen pressure and anxiety—to manage your stress.

What's more, Breathe2Relax was recently the subject of research at the Johns Hopkins School of Nursing examining whether apps help people deal with stress. The small preliminary study found participants' cortisol levels—a biological marker—decreased significantly after using the app for two weeks.



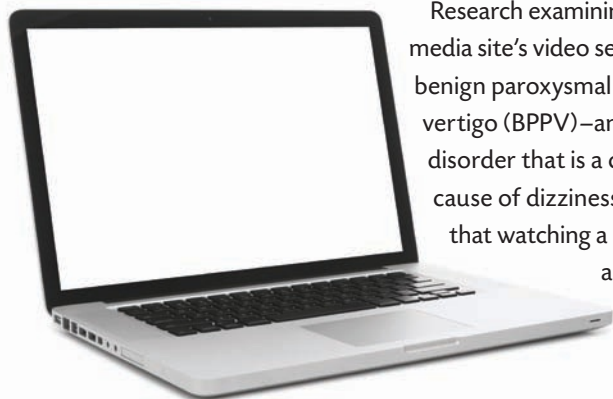
Misguided MULTITASKING

Doing more than one thing at a time may seem like the norm, but, according to research published in *Computers in Human Behavior*, the type of tasks done together might dictate the outcome. Specifically, doing two visual tasks at once, such as texting and driving, hurt performance much more than doing visual and audio tasks, such as talking on the phone and driving. (Of course, *both* these examples have proved to be highly dangerous and should not be done at the same time.)

What seems most alarming is that the researchers found that the multitaskers' perception of their performance when engaging in two visual tasks simultaneously was overconfident—meaning the participants thought they nailed each task even though their performance was poor. In other words, even if you think you're doing a great job of keeping your eyes on the road, make that your only job at the moment.

FEELING DIZZY? Watch YouTube

There's no doubt YouTube can provide hours upon hours of mindless stimulation. But a do-it-yourself cure for dizziness? It may well do that, too!

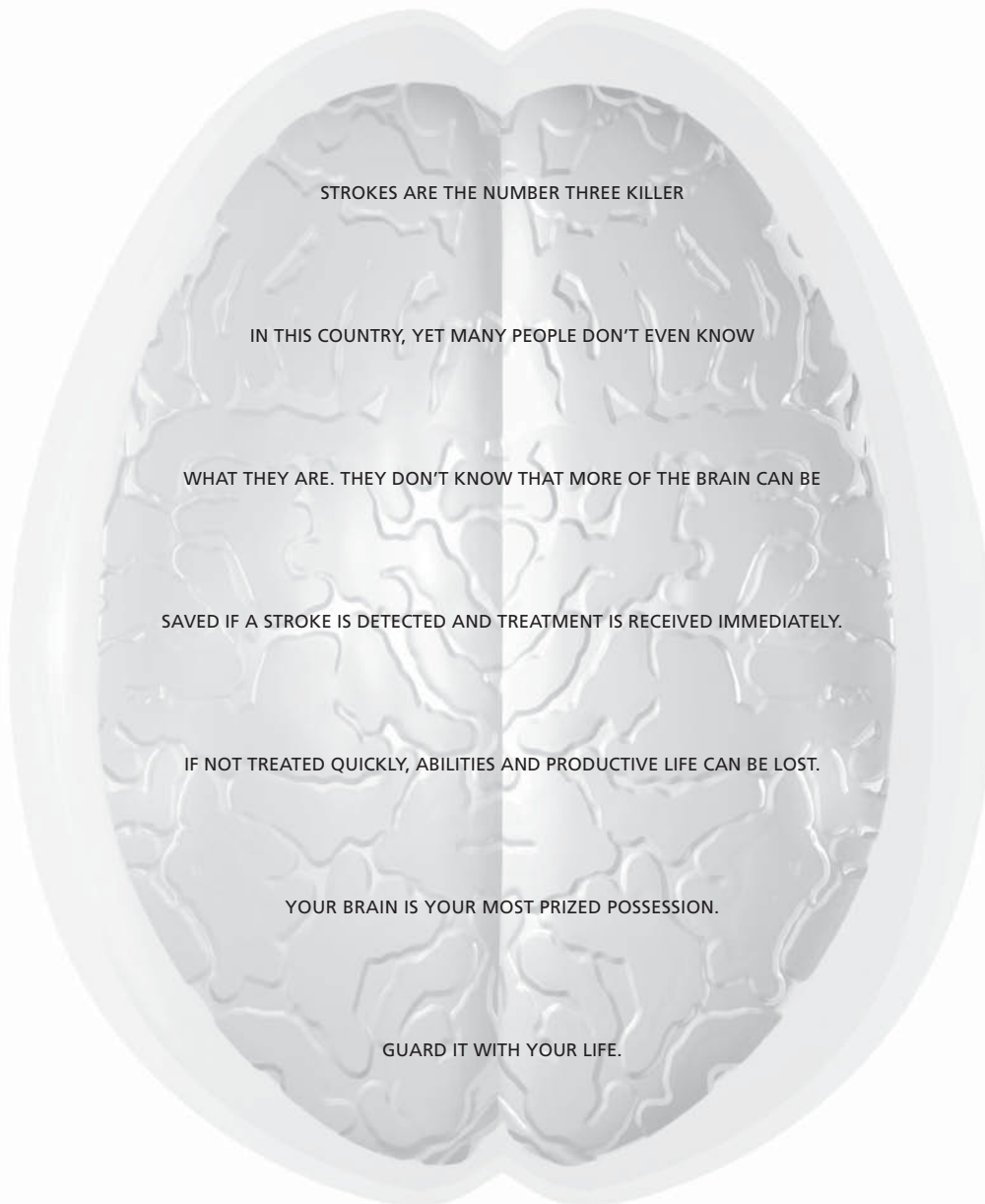


Research examining the social media site's video selection about benign paroxysmal positional vertigo (BPPV)—an inner ear disorder that is a common cause of dizziness—suggests that watching a how-to clip and then completing an at-home

treatment for the disorder, the Epley maneuver, may be effective.

A report in the journal *Neurology* found that health-care providers are using the videos, such as the one at tinyurl.com/d687ysz, to help patients learn about the procedure. The researchers' only complaint was that there wasn't complementary information to explain what BPPV was (Editor's note: BPPV is likely caused by loose calcium carbonate crystals that move in the sensing tubes of the inner ear. The Epley maneuver moves these crystals out and into another inner chamber of the ear, which does not cause dizziness). If watching a four-minute video helps ease your fear of treatment, why not check it out?

WITH A STROKE, TIME LOST IS BRAIN LOST.



STROKES ARE THE NUMBER THREE KILLER

IN THIS COUNTRY, YET MANY PEOPLE DON'T EVEN KNOW

WHAT THEY ARE. THEY DON'T KNOW THAT MORE OF THE BRAIN CAN BE

SAVED IF A STROKE IS DETECTED AND TREATMENT IS RECEIVED IMMEDIATELY.

IF NOT TREATED QUICKLY, ABILITIES AND PRODUCTIVE LIFE CAN BE LOST.

YOUR BRAIN IS YOUR MOST PRIZED POSSESSION.

GUARD IT WITH YOUR LIFE.

Call 9-1-1 immediately if you suddenly experience:

- Numbness or weakness of the face, arm or leg, especially on one side of the body
- Trouble walking, dizziness, loss of balance or coordination
- Confusion, trouble speaking or understanding
- Severe headache with no known cause
- Difficulty seeing in one or both eyes

Call 9-1-1. Learn more at StrokeAssociation.org/kc



National Stroke Association is a collaborator in the American Stroke Association's Warning Signs Campaign.



Genentech is a supporter of the American Stroke Association's Warning Signs Campaign.



American Heart Association | American Stroke Association
Learn and Live®

State-of-the-Art Heart Care

New options for cardiac care help high-risk patients

When 94-year-old James Moore was transported from his East Chicago home to the St. Catherine Hospital Emergency Room, his daughter Ethel wasn't sure what was happening.

"He said his side was hurting and he was in a lot of pain," she says. "So we called the ambulance."

Upon arriving at the hospital, Moore was immediately diagnosed with an abdominal aortic aneurysm (AAA) by cardiologist Pastor Llobet, M.D. Through many years of advanced training, Llobet has been providing successful AAA repair using a very specialized, minimally invasive endovascular procedure.

● ACTING FAST

"The most common treatment for a large, unruptured aneurysm is open surgical repair," Llobet explains. "We immediately brought Mr. Moore to the cardiac cath lab and discovered a rupture of the abdominal aorta and iliac artery. Once an abdominal aortic aneurysm has ruptured, the chance of survival is very low; 80–90 percent of all ruptured aneurysms result in death. Considering Mr. Moore's age and the fact that he was actively bleeding, the decision was made to control the bleeding with a balloon and proceed with an endograft repair of the aneurysm."

"Once both of the iliac arteries were closed, our patient was sent to ICU," Llobet says. "Two days later he was transferred to the medical floor. In four days he started rehab and in three weeks Mr. Moore walked out of the hospital. This type of repair is definitely a safer, more prudent approach for high-risk patients who may not be able to tolerate the traditional open method of repair," he says.

The abdominal aorta supplies blood to the lower part of the body. In the abdomen just below the navel, the aorta splits into two branches, called the right and left iliac arteries, which carry blood into each leg.

● WHAT IS AAA?

A vascular disease, AAA occurs when a weak area of the abdominal aorta expands or bulges (pressure from blood flowing through the abdominal aorta causes the weakened part to bulge like a balloon).



Cardiologist Pastor Llobet, M.D., has been providing successful AAA repair using a very specialized, minimally invasive endovascular procedure during his more than 20 years at St. Catherine Hospital.

"The traditional technique for repair of AAA requires a large abdominal incision, a five-to-seven-day hospital stay and a four-to-six-week recovery period," explains Llobet. "By comparison, patients who can benefit from an endovascular repair are often discharged the day after the procedure and typically don't require intensive care. These patients are able to return to their normal lifestyle within two weeks."

Endovascular repair has been proven to result in lower morbidity—no abdominal surgical incision translates into less pain, reduced complications and a faster recovery—plus lower mortality rates than those reported for open surgical repair, says Llobet. ●

CALL

Get Heart Healthy

Striving to always provide the latest, noninvasive and minimally invasive diagnostic procedures available in Northwest Indiana, the Cardiovascular Service Center at St. Catherine Hospital offers comprehensive services, programs and patient education. Call **219-392-7992** for more information.



Walking PAIN FREE

BY ELISE SIMS

*Right place, right doctor, right device
make for a great patient experience*

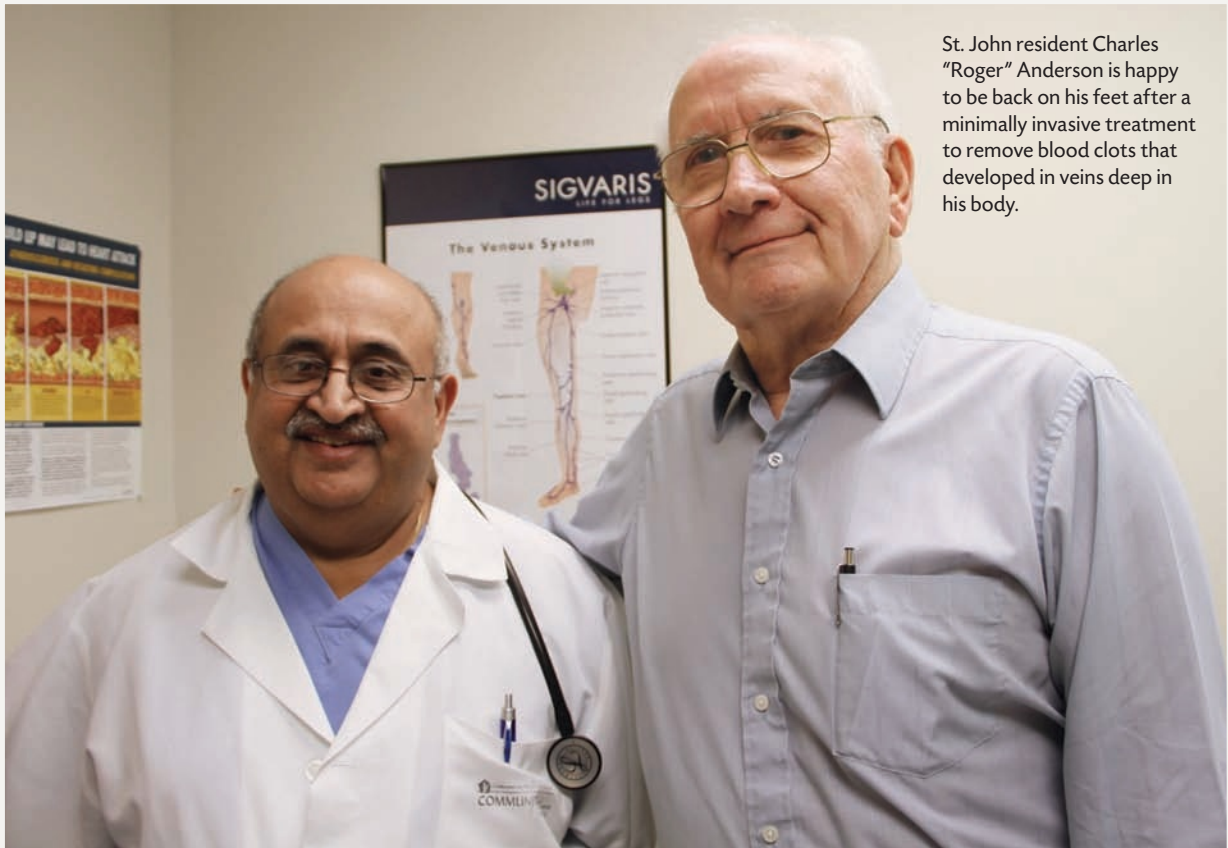
After DVT

Charles “Roger” Anderson, 77, likes to keep active and tries to take a long walk in his neighborhood every day. But in January of 2012, the usually mobile St. John man was stopped in his tracks with severe pain in his left leg, which had become red and swollen, and difficulty breathing.

His wife, Judy, knew he was in trouble as she recognized the signs of deep vein thrombosis (DVT).

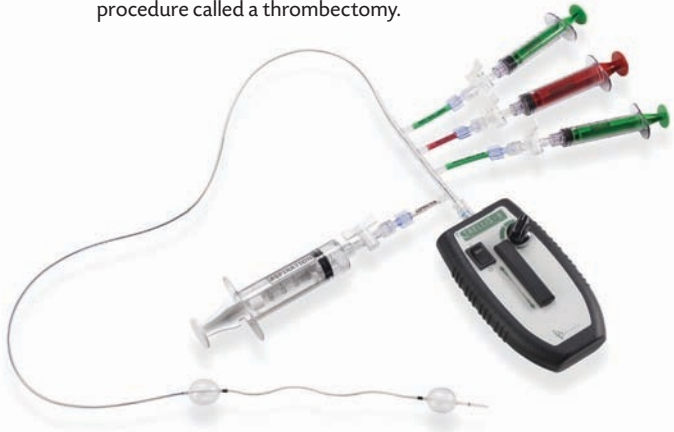
She made sure he went straight to the hospital—Community Hospital in Munster—where he met with Arvind Gandhi, M.D., interventional cardiologist.

“Mr. Anderson came in with several blood clots, or DVT, that were completely collapsing the vein in his thigh,” Gandhi says. “After anticoagulant therapy was administered, we declotted Mr. Anderson’s leg with a procedure called a thrombectomy to remove the blood clots that had formed in the femoral vein



St. John resident Charles “Roger” Anderson is happy to be back on his feet after a minimally invasive treatment to remove blood clots that developed in veins deep in his body.

Using advanced technology called The Trellis™ Peripheral Infusion System, Arvind Gandhi, M.D., a cardiologist on staff at Community Hospital, was able to “de clot” Roger Anderson’s leg with a procedure called a thrombectomy.



and iliac vein and allow him to walk again. It’s a complicated procedure, but we were able to get very good results with the help of special equipment in Community Hospital’s cath lab.”

Anderson was grateful for the expert care he received. “Dr. Gandhi is one of the best doctors I’ve ever had,” he says. “He took the time to talk to me and explain in detail the device he used to remove the clots, a type of balloon angioplasty, then the stent he placed in the collapsed vein. I could walk fine in no time.”

■ AIDED BY TECHNOLOGY

“Mr. Anderson’s leg was severely clotted and we had to use the Trellis™ device in segments,” explains Gandhi. “First, we inserted the catheter and balloon at the top of the vein and pulled it through and declotted, or dissolved, the clot with medication, then inserted another balloon further down the femoral vein and pulled through and declotted all over again and so on.”

The Trellis™ Peripheral Infusion System consists of a catheter, two balloons that are positioned on each side of the clot and holes on the sides of the balloons that disperse drugs to dissolve the clots.

■ WHAT IS DVT?

DVT, which is also called venous thrombosis, is a blood clot that develops in a vein deep in the body. The clot may partially or completely block the blood flow through the vein. Most DVTs occur in the lower leg, thigh or pelvis, although they can occur in other

Monitoring Meds

If you have blood clots or are at risk for developing them, chances are your doctor has prescribed blood-thinning (anti-coagulation) medication. This treatment, however, comes with its own risks.

One of the most commonly prescribed anticoagulation medications is warfarin, also known as Coumadin. Since many medications, foods and medical conditions can affect your response to warfarin, frequent blood tests are required to determine how fast your blood is clotting. Community Hospital’s Anticoagulation Clinic can guide patients through this process. Experienced clinical pharmacists work with the patient and physician to ensure successful management of anticoagulation therapy.

A physician’s referral is needed to receive treatment from the Anticoagulation Clinic. To schedule an appointment, call **219-852-3784**.

parts of the body, including the arm, brain, intestines, liver or kidney.

Even though DVT itself is not life-threatening, a blood clot has the potential to break free and travel through the bloodstream, where it may become lodged in the blood vessels of the lung, called a pulmonary embolism. Pulmonary embolism is a life-threatening condition; prompt diagnosis and treatment are necessary.

Medications called anticoagulants are used during treatment to stop clots from growing and prevent them from traveling, but they do not break up existing clots. ■

ONLINE

Making the Grade

Community Hospital is the only hospital in Northwest Indiana to be designated as one of Healthgrades America’s 100 Best Hospitals for Cardiac Care™ and for Cardiac Surgery™ in 2012. For more on cardiology services available at Community Hospital in Munster, visit our website at **www.comhs.org/community**.



The HEART of the Matter



BY MARY FETSCH

Heart Valve Institute brings advanced level of care to patients

A diminutive lady walked up to Bradford Blakeman, M.D., after a recent presentation and pointed to a barely visible scar on her chest.

"Recognize your signature?" she said with a smile. "It's been years, but I thought you'd remember."

"I do!" said Dr. Blakeman. "That was a long time ago. How are you feeling?"

The lady was one of more than 100 guests at a presentation on atrial fibrillation given by Bradford Blakeman, M.D., FACS, a cardiothoracic surgeon and medical director of the new Heart Valve Institute at St. Mary Medical Center. The Institute combines highly advanced technology with one of the most experienced heart valve surgery teams in the Midwest. The team members are ready and equipped to help even the most challenging, high-risk heart patients live longer more productive lives.

THE CARE YOU NEED, CLOSE TO HOME

Led by Blakeman and cardiothoracic surgeon Cris Carlos, M.D., the Heart Valve Institute of St. Mary Medical Center brings the knowledge and expertise found at many university settings into the quality-filled, compassionate environment of St. Mary Medical Center.

"Patients with heart valve disease no longer have to leave the area to receive the best treatment available," says Blakeman. "At the Heart Valve Institute they can expect that same level of care, but with the convenience and comfort of a hospital close to home."

Valve disease affects millions of people each year, and its causes include birth defects, aging and even infections. It can be treated in a variety of ways and there have been great advances in surgical techniques and technology in recent years.

"Today, many cardiac surgeries may be performed minimally invasively," says Blakeman. "This offers patients quicker recoveries and a better quality of life and longevity than ever before. We are committed to using a combination of techniques to offer treatment options that are best for each patient."

The Heart Valve Institute provides high-quality treatment for aortic valve replacement; mitral valve repair and replacement; tricuspid valve repair and replacement; adult congenital heart defect surgery; arrhythmia correction; coronary bypass surgery; and more.

TOP TECHNOLOGY

Using advanced heart treatment technology, including diagnostic evaluations with the latest 3-D TEE (transesophageal echocardiogram), echocardiogram, transthoracic echocardiogram, cardiac catheterization, cardiac MRI, chest X-ray and stress tests, the Heart Valve Institute team at St. Mary Medical Center



Cardiothoracic surgeon Bradford Blakeman, M.D., consults with patient Reginald Ramsey of St. John during a recent office visit. Blakeman is the director of the Heart Valve Institute at St. Mary Medical Center in Hobart.



Members of the Heart Valve Institute team include (left to right) Patty Meding, N.P., Cris Carlos, M.D., Bradford Blakeman, M.D., and Yvette Lozano, P.A.

works closely with cardiologists, internists and primary care physicians to diagnose valve disease early.

The key to quality results, adds Blakeman, comes from close evaluation of the patient and a collaborative partnership with their primary care physician to develop the right treatment plan.

“These surgeries require a complete team effort, and assembling these quality teams doesn’t happen by accident,” Blakeman says. “For the best outcomes, you need to have all these processes in line ... advanced diagnostic technologies to detect valve disease complemented by a team of specialists: anesthesiologists, surgeons, nurses, rehabilitation and support staff. Everything is done in the spirit of what’s best for our patients.”

“No single technique is right for every patient,” says Carlos, who brings more than 30 years of experience in cardiothoracic surgery to the Institute. “Our goal is to match the right team and treatment plan to each patient. At the Heart Valve Institute, we’ve brought together a dedicated, quality staff that is prepared to help patients not only through surgery, but also to make important lifestyle changes that will keep them heart healthy for the long run.” ●

ONLINE

Heart to Heart

Surgeons at the Heart Valve Institute are continually exploring new approaches to care for patients with valve disease, in particular for those who may not have treatment options. Call to schedule an appointment today:

219-947-6711, or visit us online at **www.heartvalveinstitute.org**.



The BIG Picture

New advanced technology is allowing surgeons at St. Mary Medical Center to evaluate the effectiveness of the beating heart in a live 3-D image.

The new 3-D transesophageal echocardiogram (3-D TEE) uses recorded sound waves to help determine the type and severity of heart valve disease a patient has and to help doctors decide the best plan of treatment.

“The 3-D TEE technology uses highly sensitive probes and state-of-the-art software to see the 3-D heart in motion with unprecedented clarity,” says George Boodram, director of cardiac services at St. Mary Medical Center. “It gives us a realistic image of the heart as it is working. It puts us on the cutting edge of technology when it comes to coronary care.”

With live 3-D TEE, surgeons can see the complete valve from multiple perspectives while it’s beating and have a comprehensive surgical plan in place before the first incision. This advanced technology can also be used to monitor and assess heart function prior to closing, and offer clear, accurate images and data for follow-up visits.

“It gives us pretty definitive information about the success of the procedure,” adds Boodram.

According to Bradford Blakeman, M.D., FACS, a cardiothoracic surgeon and medical director of the Heart Valve Institute, the live 3-D TEE increases the ability to pinpoint their efforts in terms of heart valve repair. The results are cardiac surgeries that are more precise and efficient, helping to minimize complications that may arise during or after the procedure.

Only a handful of hospitals have access to this technology, adds Blakeman, which, combined with the level of expertise and collaboration found at the Heart Valve Institute, brings to Northwest Indiana a superior level of care for heart patients.



With 3-D transesophageal echocardiogram (3-D TEE) technology, sound waves generate a live three-dimensional image of the beating heart that helps cardiologists determine the type and severity of heart valve disease.

Care You Can Count On

Quality and expertise from the physicians of Community Healthcare System

Community Care Network Inc. physicians are affiliated with the hospitals of the Community Healthcare System: Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart.

Our physicians, nurse practitioners, physician assistants and other allied health professionals will link you to the expertise and support you need to face any healthcare challenge. They bring you the same high-quality care you have come to expect from Community Healthcare System.

It's extraordinary family care you can count on in your neighborhood!

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219-392-7992

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- Carol Budgin, CNS
- Virginia Hyland, CNS

8909 Broadway Ave.
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219-769-0054

- Anas Safadi, M.D.

1500 S. Lake Park Ave.
Hobart
219-942-0551

- Anas Safadi, M.D.

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Burlington Beach Road)

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- Kelly Oney, FNP-BC

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- Richard Browne, M.D.

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219-554-4081

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• **Mark Simaga, M.D.**

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• **Glen Wurglitz, Psy.D.**

4320 Fir St., East Chicago
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• **R. Bhawani Prasad, M.D.**

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10607 Randolph St.,
Suite C
Crown Point
219-942-5544
• **David C. Wilks, M.D.**

1400 S. Lake Park Ave.,
Suite 105
Hobart
219-942-5544
• **David C. Wilks, M.D.**

Portage Health Center II
3545 Arbors St.
Portage
219-942-5544
• **David C. Wilks, M.D.**

Valparaiso Health Center
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Valparaiso
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CALL

Looking for Dr. Right?

Our free physician referral service is available in English and Spanish, Monday through Friday from 8:30 a.m. to 5 p.m. by calling **219-836-3477** or toll-free **866-836-3477**, or visit our website at **www.comhs.org**.





Act Fast!

Award goes to lifesaving team

BY ANGELA MOORE

When everyone in the Guzman household was sick with the flu and Lucy woke up not feeling well, she assumed she, too, had the flu.

It turned out to be a heart attack.

Because Lucy Guzman was surrounded by highly trained, skilled professionals—from East Chicago’s dispatchers and EMTs to St. Catherine Hospital’s Emergency department and cath lab staff—who knew what to do and when to do it, she **survived** to tell her story.

“I ended up with a stent in my heart,” she says. “It’s not something you’d ever expect, but when you feel sick, don’t wait—get to the hospital immediately.”

Guzman and her family live near the East Chicago fire station, and family members who suspected something else was happening, called 911 right away.

“The EMTs were there almost immediately and began to give me medications; then they called ahead to St. Catherine,” says Guzman. “They were waiting for me at the hospital. When I got there, doctors and nurses began all kinds of tests.”

WHEN EMERGENCY STRIKES

Emergency care is something most people do not think about until an emergency occurs. For life-threatening situations, the closest hospital is the first option because time is of the essence. But when a choice is possible, knowing the best hospital ahead of time can mean the difference between life and death.

St. Catherine Hospital recently earned the 2012 Emergency Medicine Excellence Award™ from Healthgrades®, a leading provider of comprehensive information designed to help consumers make an informed decision about their choices in healthcare, physicians or hospitals.

“I owe my wonderful care to the nursing staff who were really on the ball and the doctors who gave me undivided attention,” Guzman says.

A LOOK AT THE NUMBERS

More than 123.8 million people in the United States will make that fateful trip to the emergency department of hospitals in their community. Thirteen percent will end up being admitted into the hospital, according to the Centers for Disease Control and Prevention.

Healthgrades has found clear differences in how emergency visits play out in the best-performing hospitals versus all other hospitals. The Healthgrades Emergency Medicine Excellence Award is based on the number of in-hospital deaths among patients admitted through the emergency department. After assessing 4,783 short-term acute care hospitals, only 263 hospitals qualified to receive the Emergency Medicine Excellence Award. They had the lowest risk-adjusted mortality across the top diagnoses in the study, low enough to place them among the top 5 percent of U.S. hospitals.

East Chicago resident Lucy Guzman is just one example of how the Emergency department at St. Catherine Hospital provides excellence in emergency care. ●

ONLINE

Be Prepared

Do you know where to go in case of emergency? Visit **www.comhs.org/stcatherine** to learn more about the services offered at St. Catherine Hospital.





Bosom Buddies

A woman's chance of having invasive breast cancer during her life is about 1 in 8. When caught in its earliest stages, breast cancer has survival rates of nearly 100 percent. Schedule your mammogram today—and don't forget to remind a friend.

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opening february 2013

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- OB/GYN Services - Innovative Women's Health
- Integrative/Functional & Family Medicine - Karin Patterson, DO
- Clinical Laboratory
- MRI, 64-slice CT, X-ray, Ultrasound
- 3D Digital Mammography and Bone Densitometry
- Outpatient Rehabilitation/Physical Therapy
- Bariatric/Weight Loss Services - Healthy 4 Life Center
- Physician Specialists in Orthopedics, Gastroenterology, Urology, Neurology, Ear/Nose/Throat, General Surgery, Podiatry and Cardiology



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