



It's Your Life

MARIA PARHAM
MEDICAL CENTER




MEDICAL
ONCOLOGY
TEAM AT THE
MARIA PARHAM
CANCER CENTER

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STOP THE BURN

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Sidestepping deep vein thrombosis

 **Pain from clots in the leg veins can not only be agonizing, it can also signal a health threat that may damage the leg and lead to even more serious heart and lung complications.** Fortunately, this condition—called deep vein thrombosis (DVT)—is treatable, but early diagnosis is paramount.

That's because the clot can break away from its position in the leg and travel to the lungs. Once there, it may block a lung artery and cause a potentially fatal pulmonary embolism (PE). Patients diagnosed with DVT must be hospitalized to receive prompt emergency care and avoid complications.

VARIOUS CLOT CAUSES

Though DVT runs in some families, doctors say that many times these clots form for no apparent reason. Men and women of all ages and races can be affected. However, doctors have identified some of the risk factors for DVT, including:

- an above-normal tendency for blood to clot
- a recent hip or leg fracture
- prolonged car or plane travel (“economy-class syndrome”)
- pancreatic and certain other cancers in which procoagulants—blood-clotting agents—form in the bloodstream
- obesity
- inactivity
- recent surgery
- heart attack

▼ **Amanda Santore, RTR, RVT, RDMS, CBDT, performs a Doppler study on a patient.**



TELLTALE SIGNS

The onset of DVT is usually marked by inflammation and swelling of the leg as well as redness, pain, tenderness and a sensation of heat radiating from the location of the clot. Once DVT is diagnosed, usually with a Doppler ultrasound scan, a blood-thinning agent called heparin is given intravenously to stop the clot from getting bigger. Then, an oral anticoagulant called warfarin is given to keep the clot from reforming.

Warfarin therapy usually lasts three to six months, but the dosage levels occasionally need adjusting. Too much warfarin causes patients to bruise easily and bleed profusely from even minor cuts. Because of these risks, warfarin therapy rarely continues past 180 days.

Unfortunately, DVT returns in one out of every three patients within five years. Doctors are unsure how to prevent DVT from developing, but it seems that exercising, avoiding long periods of sitting and elevating the legs can be helpful.

PE: MEDICAL EMERGENCY

Vigorously attacking the clot is meant to sidestep a more troublesome problem—PE. This complication arises when part of the clot detaches and winds up lodged in a lung artery.

PE symptoms include chest pain, shortness of breath, a cough that produces blood or, in severe cases, unconsciousness. One out of every 10 patients who develops PE dies within the first hour. If diagnosed in time, a PE patient usually recovers within several weeks.



THE EXPERIENCE YOU NEED

DVT studies, like all other diagnostic procedures, require a physician's order. Make sure to tell your doctor that you want your DVT study performed at Digital Radiology & Cardiovascular Center at Maria Parham Medical Center, the region's leader in vascular procedures.

What you should know about GERD

BY WILLIAM C. DENGLER, MD,
FACS



Gastroesophageal reflux disease (GERD) is a problem that you can't get away from.

Advertisements bombard us each day, and row upon row of boxes, bottles and pills are seen in drugstores. The reason: GERD is a common problem and one that shouldn't be ignored.

Approximately 30 percent of the U.S. population suffers from GERD, whose most common symptoms are heartburn, chest pain and regurgitation. GERD can also cause cough, hoarseness, worsening asthma and sore throat. It's caused by a malfunction of the valve located between the stomach and swallowing tube (esophagus), allowing acid that is normally made in the stomach to 'reflux' back up into the esophagus. For many, symptoms are mild, but in others, severe lifestyle-limiting problems can occur. It's important to understand that GERD is a chronic and progressive disease, meaning that it tends to worsen with time and requires lifetime therapy. In addition, GERD can cause esophageal cancer.

STOPPING GERD FOR GOOD

The usual treatments offered are medications, which are effective in most patients in resolving their GERD symptoms. About 90 percent of people who take the available acid-reducing medications have their symptoms resolve. While this provides relief, most sufferers don't realize that reflux continues. Feeling better doesn't mean reflux is cured. Maintaining relief

requires medicines for life and doesn't reduce cancer risk. Therapies are available, including minimally invasive laparoscopic surgery that repairs the faulty valve, reliably stopping the reflux and eliminating the need for medications. Importantly, stopping the reflux reduces the risk of getting cancer.

DON'T WAIT

The most important thing is to understand that GERD is a serious, lifelong disease often causing severe symptoms and it carries a cancer risk. Receiving a proper evaluation as well as GERD education is essential for obtaining proper treatment.




TAKE GERD SERIOUSLY!

Your evaluation and GERD education are one phone call away. Call the specially trained nurse coordinator at The Heartburn Treatment Center at Maria Parham Medical Center. She'll walk you through a customized plan of care made specifically for you and your symptoms. If you're tired of heartburn controlling your life, call **(888) 9NO-GERD** or **(252) 436-1176** today. You can also go online at www.mariaparham.com/GERD.



Taking the cancer journey with you

OUR DEDICATED TEAM IS THERE

 **It's been said that when a patient hears his or her doctor mention the word 'cancer,' the words that follow seem to dissolve into space.**

Discovering that you have cancer is upsetting not only to you, but also to your family and your friends. The time following your diagnosis can be confusing, and patients often say that they feel overwhelmed.

It's important to remember that more than half of today's cancer patients will be cured. New cancer treatments are emerging, as are better ways to reduce chemotherapy and radiation therapy side effects. Even though, in most cases, decisions don't need to be made within a day or two of finding out you have cancer, you do need to find the right cancer specialist and treatment facility. This is the time that you and your healthcare team need to make important decisions about treatment options. This is where the Maria Parham Cancer Center can begin to help you through the difficult journey ahead.

The Maria Parham Cancer Center partners with experts from Duke Medicine to provide the best possible care for cancer patients. Our team offers a range of services that blend state-of-the-art technology for diagnosis and treatment with compassionate and knowledgeable care. One of the biggest advantages of the Maria Parham/Duke partnership is the ability to provide world-class research, technology

and care to our patients in our community. Medical oncology and radiation oncology are both offered, along with related services, such as counseling and nutrition.

YOU'LL FEEL LIKE FAMILY

Medical oncology services features a new facility, 6,000 square feet in size, designed with the needs of its patients in mind. The center can treat up to 14 patients at a time and also includes five exam rooms and a large triage area. Patients receiving chemotherapy occupy chairs that overlook a dedicated garden, and patients have access to large-screen televisions with personal headphones for their listening pleasure.

The center's staff and their patients often become like family. "We become close to our patients," says



Pretty in pink: The Maria Parham Medical Center staff shows their support for cancer care.



Left: Fred Buzzell, RN, assistant director of the center; Julia Falkner, RN; and David Mack, MD. Right: Crystal Wood, RT (R) (T), prepares a patient for her radiation treatment.

OUR TEAM OFFERS A RANGE OF SERVICES THAT BLEND
STATE-OF-THE-ART TECHNOLOGY FOR DIAGNOSIS
AND TREATMENT WITH COMPASSIONATE AND KNOWLEDGEABLE CARE.

Fred Buzzell, RN, assistant director of the center. “We laugh with them and cry with them—we take their journey with them.”

The small community hospital is a good fit for cancer patients. “They get to know others they see receiving treatment and, as a result, they build their own support network,” says Buzzell. “We try to make it easier to talk about cancer by using humor. We laugh a lot in here.” Cancer care at Maria Parham Medical Center (MPMC) is not an assembly line. The nurses feed on the personal relationships they have with their patients. “They give us the strength and desire to do what we do. This is a very fulfilling job,” says Buzzell.

The radiation oncology side of the center is highlighted by a linear accelerator, a specialized piece of equipment that focuses a beam of radiation into the tumor. Even though by its nature the radiation side is thought to be more technology-based, the staff knows the importance of personalized, one-on-one care. “We often develop very personal relationships with our patients over their time here,” says Anthony Kidd, manager of the radiation therapists. “A radiation patient may require up to 25 treatments over a five-week period. If you include follow-up exams and treatments, that relationship may continue for many years.”

RESOURCES

Comprehensive cancer care stretches beyond the treatment room. When someone first hears that he or she has cancer, he or she typically wants to understand the disease and the process. Maria Parham, in conjunction with the American Cancer Society, has created the Cancer Resource Room. Within this room, a patient, family member or friend has access to educational resources such as cancer-specific literature, videos and even a computer linked to numerous cancer websites.

The center’s social worker sits down with each patient and helps answer questions ranging from “Are there support groups?” to “How am I going to pay for treatments?” A registered dietitian is available to help patients address nutritional issues and weight loss associated with treatment and diagnosis.

Other hospital departments are part of the treatment team at Maria Parham as well. The laboratory, for example, provides a phlebotomist in the center so that fatigued patients don’t have to go upstairs to have their blood drawn. Volunteer/Guest Services brings a hospitality cart for patients and their visitors, and the Dietary Department bakes cookies for the center’s guests.

Cancer care at MPMC is more than just medicine; it’s total healthcare inspired by you.

10

secrets of weight-loss winners

➔ It's tough to lose weight—and just as difficult to keep it off. The statistics tell us that nine out of 10 people regain lost weight, but that means 10 percent successfully keep it off.

How do they do it? Researchers who've been digging for the answer to that very question say these 10 habits may well be the key.

1 THEY WALK. Sure, some cycle or do aerobic dance, but mostly, they walk—several miles a day, or about 16 miles a week.

2 THEY BUILD NETWORKS THAT SUSTAIN THEM—for day-to-day living and weight maintenance. For example, they form walking groups that help them stick to their exercise programs.

3 THEY EAT HEALTHY FOODS. To slim down—and stay slim—they remain vigilant about nutrition. They practice variety, balance and moderation. They cook



with little or no fat, and they eat plenty of fruit and vegetables, whole grains, nonfat dairy products and lean entrees.

4 THEY LIMIT THEIR PORTION SIZES. They know that calories (not just fat grams) count.

5 THEY'RE IN TUNE WITH THEIR EMOTIONS. Weight-loss winners know how to distinguish true hunger from feelings of anger, loneliness and fatigue. When they're hungry, they eat. But to sort through emotions, they call friends, take naps, breathe deeply, read books or start projects.

6 THEY EXAMINE UNDERLYING ISSUES AND GET COUNSELING IF NECESSARY. Family and personal issues can sabotage success. Counselors can help resolve such issues and develop effective, noncaloric coping strategies.

7 THEY CONFRONT PROBLEMS DIRECTLY. Weight-loss winners don't make excuses ("I've worked so hard, I deserve to eat this entire pizza myself") or blame others ("I wouldn't have eaten that half-gallon of ice cream if John hadn't bought it") for overeating. Instead, successful weight maintainers forgive a lapse and use it as incentive to take a walk or cut portions at the next meal.

8 THEY USE BEHAVIORAL STRATEGIES. They plan meals, shop with lists, put their forks down between bites, chew slowly, store foods out of sight, package leftovers immediately and develop other strategies for changing their eating behaviors.

9 THEY RECOGNIZE THAT WEIGHT MANAGEMENT LASTS A LIFETIME. They know they need to continue to exercise, eat nutritiously and think positively for the rest of their lives.

10 THEY LIVE IN THE PRESENT. They don't wait for the perfect shape to do what they want to do.

Considering plastic surgery?



➔ As bathing suit season quickly approaches, many of us find ourselves looking into our worst enemy—the full-length mirror. You’ve tried dieting and exercise, but you just don’t see the results you’d like. You think to yourself, “Is there anything



Donald Serafin, MD

thing else I can do?” The answer may be a resounding, “YES.”

A tummy tuck (abdominoplasty) is a surgical procedure designed to flatten the abdomen by removing excess skin and fat, tightening the muscles of the abdominal wall. Breast enlargement,

or breast augmentation as it is technically known, uses saline or silicone-gel implants to enhance the size and shape of the breasts.

Donald Serafin, MD, with The Aesthetics Center at Maria Parham and Serafin Plastic Surgery, is double board certified in surgery and plastic surgery. He performs his surgeries at Maria Parham Medical Center. His office number is (252) 438-8252. Below, Dr. Serafin answers some frequently asked questions about tummy tucks and breast augmentation.

TUMMY TUCK

Q: What is the cost of abdominoplasty?

A: The typical cost depends on whether you have a full (\$6,650) or limited (\$4,450) procedure and includes surgeon fees, facility fees, anesthesia fees and all postoperative visits.

Q: Can I get the same result with liposuction only? If needed, is liposuction included in the procedure?

A: Liposuction alone is usually ineffective when there is loose overhanging skin or muscle separation contrib-

uting to the bulge. Liposuction is usually performed at the time of the abdominoplasty to address fat in areas outside of the incision and is included in the cost.

Q: Where will the incision be?

A: The incision is low, just above the pubis. Depending on the amount of skin to be removed, it may be a short incision, but can also extend to the hip area.

Q: How long will I be out of work?

A: Absence from work is approximately two weeks but may be longer if your occupation requires physical work like lifting.

BREAST AUGMENTATION

Q: What is the cost?

A: The approximate \$5,700 cost includes surgeon fees, saline-filled prostheses, facility fees, anesthesia and all postoperative visits.

Q: How long does the procedure take and how long will I be in the hospital?

A: Surgery takes about 2 ½ hours with an overnight stay in the hospital.

Q: How long will I be out of work?

A: The recovery time for breast augmentation is one to two weeks depending on your occupation.

Q: Where will the incision be?

A: The incision is hidden in a normal skin crease where the breast joins the chest wall.

Q: Will I be able to breastfeed following breast augmentation surgery?

A: Breastfeeding isn’t affected by breast augmentation.



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Take two
veggies and
call me in
the morning

Try this recipe to discreetly give your meal a nutritional boost.

Serves 6.



ZUCCHINI LASAGNA

- ½ pound lasagna noodles, cooked in unsalted water
- ¾ cup part-skim mozzarella cheese, grated
- ¼ cup Parmesan cheese, grated
- 1½ cups fat-free cottage cheese*
- 2½ cups no-salt-added tomato sauce
- 2 tsp. dried basil
- 2 tsp. dried oregano
- ¼ cup onion, chopped
- 1 garlic clove
- ⅛ tsp. black pepper
- 1½ cups raw zucchini, sliced

- Preheat the oven to 350 F. Lightly spray a 9-by-13-inch baking dish with vegetable oil spray. In a small bowl, combine ⅓ cup of mozzarella and 1 tablespoon of Parmesan cheese. Set aside. In a medium bowl, combine the remaining mozzarella and Parmesan cheese with all of the cottage cheese. Mix well and set aside. Combine tomato sauce with remaining ingredients except zucchini. Spread a thin layer of tomato sauce in the bottom of the baking dish. Add a third of the noodles in a single layer. Spread half of the cottage cheese mixture on top. Add a layer of zucchini. Repeat layering. Add a thin coating of sauce. Top with noodles, sauce and the reserved cheese mixture. Cover with aluminum foil. Bake for 30 to 40 minutes. Cool for 10 to 15 minutes. Cut into six portions.

Per serving: 276 calories, 5 g fat (2 g saturated), 11 mg cholesterol, 380 mg sodium*, 41 g carbohydrates, 5 g fiber, 19 g protein
*Use unsalted cottage cheese to reduce the sodium content to 196 mg per serving.

Recipe reprinted from Keep the Beat: Heart Healthy Recipes from the National Heart, Lung, and Blood Institute, July 2003.



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