

Health Connection

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REGIONAL MEDICAL CENTER

Is it appendicitis?

Get the facts
about colon cancer

Stay in step!
Protect against falls

6 ways to raise
a healthy eater

Easing
pelvic pain

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The facts about fibroids

You're constantly running to the restroom, your back hurts and your periods are particularly painful. What's going on? You might be dealing with uterine fibroids, noncancerous tumors that grow out of uterine tissue.

Physicians aren't sure why some women develop fibroids, but if you're overweight or African-American or an immediate family member has fibroids, you're at increased risk.

WHAT DO FIBROIDS FEEL LIKE?

In most cases, you won't even know that you have fibroids. But consult your physician if you experience any of these signs:

- heavy or painful periods
- bleeding between periods
- constant pelvic pain
- a feeling of fullness in the lower abdomen
- an increased need to urinate
- pain during sex
- lower back pain
- reproductive problems, including infertility, multiple miscarriages or preterm labor

WHAT'S NEXT?

Your physician will do a pelvic exam to see whether your uterus is enlarged or misshapen. If he or she spots abnormalities, an imaging exam, such as an ultrasound, can confirm the diagnosis.

Treatment depends on your symptoms' severity, the



fibroids' size and location, your age and whether you want children:

- If you don't have symptoms, treatment is usually unnecessary.
- If you're approaching menopause, you may be advised to do nothing, as fibroids tend to stop growing or even shrink when hormone levels drop.
- If you have occasional discomfort, try an over-the-counter pain reliever, such as ibuprofen or acetaminophen.
- If you're bleeding heavily, your physician may recommend hormonal treatments to lighten your flow or an iron supplement to prevent anemia.
- If your fibroids are large, your physician may suggest hormones to temporarily stop menstruation and shrink the growths. These hormones are sometimes prescribed before surgery to make it easier to remove the fibroids.
- If your fibroids are growing quickly or causing excessive blood loss, your physician may present several surgical options. Myomectomy (removing the fibroids while leaving the uterus intact) is the best option for women who wish to have children. Myolysis (freezing or using an electric current to destroy growths) and hysterectomy (removing the uterus) are other possible treatments.

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We need your input! We'd like to know what you think about our publication so we can better serve your needs. Please take a few minutes to complete our online survey. Your responses will be used to improve our services to the community and to enhance our publication.

Filling out the online survey is easy: Simply go to www.healthconnectionmag.com and complete the survey.

By completing our survey, you'll be automatically entered in a random drawing to win one of five gift cards.

All surveys must be completed online by June 1, 2009, to be eligible to win. One entry per person, please. Thank you for your time and assistance.

All responses will be kept strictly confidential. We do not sell, rent or give away your e-mail address.

Gut check

Could it be appendicitis?

What's tiny and useless but can cause a whole lot of pain if it's unhappy? Your appendix, a finger-shaped pouch attached to your lower intestine. And if your appendix ever becomes inflamed and fills with pus, you'll have a raging case of appendicitis, a potentially life-threatening illness.

WHO'S AT RISK?

Though anyone can get appendicitis, it often strikes between ages 10 and 30. It usually happens when the appendix is blocked by fecal matter or a swollen lymph node following a digestive tract infection. A small number of people are diagnosed following traumatic abdominal injury, while others are genetically predisposed. In all, about 280,000 appendectomies are performed each year in the United States, according to the National Center for Health Statistics.

NOT JUST A BELLYACHE

A hundred different ailments can cause stomach pain, but your appendix might be the culprit if you have:

- pain that starts around the belly button and moves to the lower right of the abdomen and gets worse when you move, take deep breaths, sneeze or cough
- abdominal swelling
- loss of appetite
- nausea and vomiting
- constipation or diarrhea
- an inability to pass gas
- a low-grade fever

TIME TO TAKE IT OUT?

This isn't a wait-and-see kind of problem. Removal is the only effective treatment for appendicitis, so if you're having symptoms, head to the emergency room, stat. Once there, a physician will check for pain location and ten-



derness, run a blood test for infection and send you for a computed tomography (CT) scan to confirm the diagnosis. He or she will also look to rule out other possibilities for your symptoms, including ectopic pregnancy, ovarian cysts, kidney stones and Crohn's disease. If you *do* have appendicitis, your appendix will be surgically removed before it can rupture. It may be done laparoscopically (the surgeon makes a few small incisions in your abdomen) or with traditional open surgery (the surgeon makes one large incision). Since experts have been unable to pinpoint the appendix's function, it's unlikely that you'll suffer any long-term effects.

Delay treatment and your appendix will likely rupture. If that happens, chances are good that you'll develop an infection of the abdominal cavity called peritonitis and then pain will take over and your entire abdomen will swell. Fever, thirst and low urine output will likely follow. This infection can cause organ failure, infertility and even death if not adequately contained with an abdominal cavity cleaning and intravenous (IV) antibiotics.

Where does it hurt?

After migrating from your navel, pain from appendicitis nearly always settles at a place on your abdomen called **McBurney's Point**, named after the 19th century surgeon Charles McBurney, an authority on appendicitis. **Find it by drawing an imaginary line from your belly button to your right hip bone; you'll feel tenderness about halfway between the two points.**

Connecting to our community



Matthew Maxfield, FACHE
Chief Executive Officer

Dear friends,

As we move ahead in 2009, it's clear we're all experiencing new and different economic times.

Brownwood Regional Medical Center (BRMC) remains strong but isn't immune to the residual effects of the changing economy. BRMC and our staff are committed to connecting to our community through grassroots actions and

support in an effort to better meet our community's healthcare needs.

COMMUNITY SUPPORT

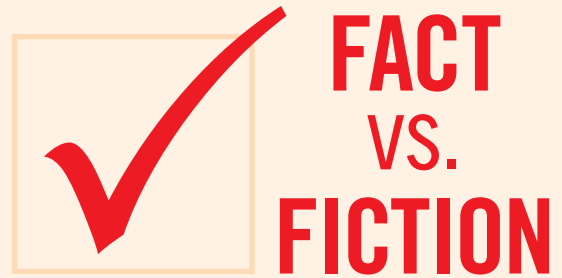
Over the next year, BRMC will host more than 60 support groups on our campus. Our staff will volunteer for organizations committed to our community's health, including the American Heart Association, American Cancer Society and United Way of Brown County. We'll also host community groups to educate you about local services like The Walker Cancer Center, The Heart Center and The Hyperbaric & Wound Center. Finally, as advocates for an improved healthcare system, we look forward to being actively involved in the healthcare reform debate in Washington, D.C., and Austin.

OUR OPEN DOOR

Whether it's for direct medical care, support for your family or information about the healthcare system's challenges, I encourage you to reach out to BRMC. We'll continue to provide quality care and serve as a resource for all ages.

Sincerely,

MATTHEW MAXFIELD, FACHE
Chief Executive Officer
Brownwood Regional Medical Center



Discover the truth behind colon cancer myths

With so much information swirling around colorectal cancer, it's easy to confuse what's true and what's myth. Discover the truth from the American Cancer Society (ACS) below:

Myth 1: Colorectal cancer is a man's disease.

Truth: Colorectal cancer is just as common among women as men.

Myth 2: Colon cancer can't be prevented.

Truth: Colon cancer often starts with a small polyp. If the polyp is found early, physicians can remove it and stop colon cancer before it begins.

Myth 3: African-Americans aren't at risk for colon cancer.

Truth: African-Americans are diagnosed with and die from colorectal cancer at higher rates than any other racial or ethnic group.

Myth 4: Age isn't a factor in developing colon cancer.

Truth: More than 90 percent of people diagnosed with colon cancer are ages 50 and older. The ACS recommends testing beginning at age 50.

Myth 5: It's better not to get tested for colon cancer because it's fatal regardless.

Truth: Colon cancer is treatable. With early detection, the five-year survival rate is 90 percent.

! Don't delay!

Take steps now to reduce your risk of colon cancer. For physician referrals, call the BRMC physician referral line at (325) 649-3394.

Prevent colon cancer

Screening is the key



**By Jimmy J. Morrison, M.D., FACP
Board-Certified
Gastroenterologist**

Nearly 149,000 new cases of colorectal cancer are diagnosed each year, making it the second-leading cause of cancer death in the United States. Fortunately,

precautions can be taken to reduce your risk of developing the sometimes fatal disease. One of the most important precautions is to get a colonoscopy, which can find the disease early or detect abnormal growths before they become cancerous, increasing your chance of survival.

ABOUT COLONOSCOPY

A colonoscopy allows a physician to examine the entire colon and rectum for abnormalities such as inflamed tissue, colon polyps (growths on the inside of the colon) and ulcers. It's considered the most effective outpatient procedure to detect polyps and colorectal cancer.

The procedure is also used to look for causes of other symptoms such as abdominal pain and unexplained weight loss.

Colonoscopy is almost always painless, thanks to sedation or anesthesia used to minimize or eliminate discomfort during the procedure. To increase accuracy, the colon must be clear of stool and fluids that may obscure the view of the colon and rectal lining.

DURING THE EXAM

The physician inserts a colonoscope, a flexible, lighted tube with a tiny video camera on the tip, through the rectum and into the colon. The camera transmits images of the colon onto a screen for the physician to examine the lining of the colon. If a polyp or abnormal tissue is found, the physician may remove it immediately or take a biopsy to learn more about it. Recovery time after the



procedure is about an hour, and patients need someone to drive them home.

WHO SHOULD BE SCREENED

The American Cancer Society recommends all men and women at average risk for developing colon cancer get screened beginning at age 50. They should have the exam earlier if they have a family history of colon polyps or colon cancer. Also, colonoscopy should be done to evaluate changes in bowel habit, rectal bleeding, chronic diarrhea and other symptoms associated with the colon.



Be prepared!



If you have questions about a colonoscopy or would like

**Brownwood
Gastroenterology**

additional information about the procedure, contact

your physician or Brownwood Gastroenterology for more information. Dr. Morrison is accepting new patients and may be reached at (325) 646-2100.

HEALTHWISE QUIZ

How much do you know about **allergies**?

Take this quiz to find out.

1 Approximately how many people suffer from allergies?

- a. 50 million
- b. 35 million
- c. 27 million
- d. 18 million

2 You're more likely to develop allergies if you:

- a. eat shellfish
- b. have a family member who has allergies
- c. had pets as a child
- d. regularly garden

3 Which does *not* aggravate allergies?

- a. cigarette smoke
- b. cockroach droppings
- c. pet saliva
- d. they all can trigger allergies

4 Where does pollen first appear in the spring?

- a. weeds
- b. trees
- c. grass
- d. mold

5 What reduces pollen allergies in the spring?

- a. not drying laundry outside on a clothesline
- b. removing your shoes before coming indoors
- c. not going outside before 10 a.m.
- d. all of the above

ANSWERS: 1. A; 2. B; 3. D; 4. B; 5. D

Get your blood pressure under control

High blood pressure truly is sinister: You can have it but not know it until you suffer a heart attack, stroke or another serious health complication.

Hence, its nickname: the silent killer. Seeing your physician regularly is the best way to determine whether you have high blood pressure—or hypertension. He or she will measure the force of blood in your arteries by looking at your systolic (the higher number) and diastolic (lower number) pressure. Elevated levels (140/90 mm Hg or more) indicate hypertension,



while numbers ranging from 120/80 to 139/89 point to prehypertension, a condition that puts you at risk for high blood pressure in the future. Normal blood pressure is under 120/80. Although hypertension has no cure, you can take steps to control it and protect your health:

- **Eat a healthy diet.**

High-fat and sugary foods contribute to high blood pressure,

so reach for foods from the DASH (Dietary Approaches to Stop Hypertension) diet. They include whole grains, fish and poultry, nuts, fruits and vegetables and low-fat and low-sodium foods.

- **Get moving.** Aim for 30 minutes of cardiovascular activity most days of the week. If you're short on time, break up your workout into three 10-minute segments over the course of the day. Take a walk around the block, dance to your favorite CD or work out to an exercise DVD.

- **Take your meds.** Sometimes medication is the only way to lower your blood pressure. Because hypertension drugs work only when they're regularly in your system, you should never miss a dose or stop taking them.



HOW DOES WATER GET CONTAMINATED?

When it comes to swimming pools, water parks and play fountains, most disease comes from fecal matter on the bodies of sick splashers. If chlorine and pH levels aren't carefully calibrated, other swimmers could swallow live bacteria. In hot tubs, naturally occurring germs can cause rashes and respiratory problems, ranging from the common cold to pneumonia. Large bodies of water—from rivers to the ocean—can be contaminated by sewage, animal waste, swimmers' feces and even parasites.

HOW CAN I AVOID CONTRACTING RWI?

Take these precautions to stay healthy when you swim, dive or just splash around:

- Avoid pools with murky or chemical-smelling water (properly chlorinated pools don't have an odor).
- Don't share towels, kickboards or toys.
- Keep water out of your mouth and never swallow it.
- Stay on dry land if you have open sores.
- Skip bodies of freshwater on very hot days, since bacteria flourish in warm water.
- Plug your nose when swimming in freshwater to keep parasites out.
- Shower before and after swimming and wash your hands after using the toilet or changing diapers.
- Take children on frequent bathroom breaks and change diapers in the bathroom, not poolside.

Warding off water illness

As the weather warms up, we all look forward to swimming laps in the pool; splashing in the ocean, stream or river; or lounging in a hot tub. But those waters may mask something ominous: Contaminated water can lead to recreational water illness (RWI). Touching or swallowing water in pools, lakes, spas, rivers and oceans can lead to gastrointestinal, outer ear, eye, skin, respiratory and neurologic infections—and children, pregnant women and people with compromised immune systems are at greatest risk.

Be a fruit-and-veggie role model

Whether you're driving the car or stepping into high heels, your little ones want to be just like you. So why not use your power for good? Follow these tips, and the eating habits your children copy will positively influence their health—and yours—for years to come:

- 1 Restock the pantry.** Keep healthy snacks around. Say goodbye to cookies loaded with high-fructose corn syrup and bright orange cheese puffs and hello to baked veggie chips and sugar-free applesauce.
- 2 Drink right.** Switch out your super-acidic, high-sugar soda for water and 100 percent juice—little teeth and waistlines will thank you.
- 3 Start the day right.** No time to sit down to breakfast? Send your kids off with a banana and a baggie filled with dry whole-grain cereal. Studies show that breakfast eaters boast improved math grades, less incidence of hyperactivity and better school attendance. And teen-

agers who eat first thing tend to weigh less, exercise more and generally have a healthier diet than their breakfast-skipping pals.

4 Turn off the tube. People who eat in front of the television are more likely to eat unhealthy foods.

5 Eat together. Children who dine with their parents tend to consume more fruits and veggies and fewer unhealthy snacks.

6 Pack a lunch for everyone. You'll save cash while making sure the whole family is eating well. Be sure to include a lean protein, low-fat dairy, grains, a vegetable and a piece of fruit (try sliced turkey and low-fat cheese on whole-wheat bread with carrot sticks and an apple).



Health Connection is published as a community service of Brownwood Regional Medical Center. There is no fee to subscribe.

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Guarding against falls

A special note to seniors from BRMC's Emergency Room

Each year, one in three Americans ages 65 and older suffers a fall. As a result, more than 1 million seniors end up in the emergency room with bone fractures and serious head injuries.

But tumbles aren't natural consequences of growing older. Declining vision, problems with spatial orientation and faulty balancing mechanisms inside the ear can make older adults unsteady. Other triggers include weakened muscles, medication side effects and unsafe conditions at home. The good news: You can reduce your risk.

BALANCING ACT

Take the following steps to stay on your toes:

- **Be active** to maintain flexibility, strength and balance.
- **Fall-proof your home** by removing throw rugs, electrical cords, clutter and anything else you can trip over. Additionally, install brighter lighting and safety features such as grab bars in bathrooms.
- **Dress safely** by wearing sturdy shoes with nonslip soles.
- **Take your medications** as directed to avoid becoming light-headed or disoriented. If your medicines make you tired, confused or dizzy, tell your physician.
- **Have your eyes checked** at least once a year to make sure you don't have any other conditions that might impair your ability to see clearly.

IF YOU FALL

If you can't catch yourself from falling, try to land on your backside, not your side, which can result in a fracture to your hip. Once on the ground, lie still and breathe deeply. When you're ready to rise, roll onto your side and then crawl to a sturdy chair. Stand up slowly, using the chair as support. Consult your physician to see if an appointment will be necessary or call 9-1-1 in case of an emergency.

! Don't put off a trip to the ER!

If you think you need emergency care, don't delay.

Call 9-1-1 immediately.

