

Health Connection

BROUGHT TO YOU BY MCKENZIE REGIONAL HOSPITAL

**Specialized care,
close to home**

Easing the sneezing

Surviving cold
and flu season

Number crunching

Ways to manage
high cholesterol

**The right doctors
for you**

Bad breaks

First aid for broken bones

You've found a breast lump: Now what?

If the thought of finding a lump in your breast scares you, you're not alone. After all, many of us know someone who has had breast cancer. But some of us are so frightened that we avoid getting mammograms—the very habit that could save our lives if breast cancer develops. If you're in that group, you'll be glad to hear that four in five breast lumps turn out to be noncancerous. Here's a description of some common breast conditions:

Fibroadenoma: a smooth, solid, round painless lump that moves easily and can feel like a marble. Occurs most often in African-American women and women under age 30.

Fibrocystic breast changes: solid or fluid-filled lumps that

increase in size and tenderness five to seven days before each menstrual period.

Cyst: a smooth, fluid-filled lump often sensitive to the touch before the menstrual period. Typically appears in women between ages 35 and 50.

Lipoma: a soft and slow-growing painless lump that moves freely.

Intraductal papilloma: a small, wartlike growth near the nipple that may cause bleeding from the nipple. Occurs most often in women in their 40s.

Mammary duct ectasia: a thick, sticky, gray to green discharge from the nipple.

Mastitis: a warm, tender, lumpy area on the breast that appears red. Most often affects breast-feeding women.

Traumatic fat necrosis: painless, round, firm lumps that can result from a bruise or a blow to the breast. Occurs in older women and women with large breasts.

WHAT HAPPENS IF YOU FIND A LUMP?

If you find a lump, see your healthcare provider. He or she will do a clinical breast exam and may recommend one or more of the following tests and procedures:

Mammography, or breast X-ray, may be recommended to determine the lump's size and location.

Ultrasound examination can determine whether the lump is a fluid-filled cyst or a solid mass.

Fine-needle aspiration is an in-office procedure. Fluid is drawn out of the lump with a thin needle. If the fluid is clear and the cyst disappears, you won't need a biopsy. If the fluid is bloody or the mass is solid, your doctor probably will recommend biopsy.

Stereotactic biopsy removes a small tissue sample with a thin needle for analysis. Computerized imaging guides the needle with pinpoint accuracy to the exact location to be sampled.

Surgical biopsy usually is performed on an outpatient basis. Normally, the surgeon removes the whole lump, but in certain cases he or she will remove only part of it. The tissue is sent to a lab where a pathologist will examine it for cancerous cells.



The good news:
Four out of five
breast lumps turn out
to be noncancerous.



IF PREVENTION DOESN'T WORK

Both a cold and the flu typically involve a runny nose, sneezing, sore throat, cough and fatigue, but only flu characteristically features headache, high fever and that all-over-achy feeling.

Some people are at higher risk for complications from the flu than others and should get prompt medical care instead of trying to self-treat. These include:

- people over age 65
- children and adults with a chronic health condition, such as asthma or diabetes, or a weakened immune system
- pregnant women
- infants and young children
- anyone who lives with children or others at high risk
- healthcare workers and caregivers who are in contact with children or others at high risk

Prescription antiviral medications such as oseltamivir (brand name: Tamiflu) can help shorten the duration of the flu and prevent you from getting sicker if taken within the first 48 hours of symptoms.

If symptoms suddenly worsen, linger more than a week and are accompanied by a dry, hacking cough, the flu might have developed into viral pneumonia. Thick, rust-colored mucus along with a cough may signal bacterial pneumonia. Both types of pneumonia require medical attention.

Easing the sneezing

Surviving cold and flu season

Autumn is almost upon us. Soon it will be time to rake the leaves, pull out the sweaters and pray the kids don't catch something at school that knocks the whole family out of commission for a week.

But with a few simple precautions, parents and children can keep colds and flu away—or at least from spreading. Here are some basic tips to avoid getting sick, whether you're 2 years old or 90:

- Wash your hands several times a day with soap and water—and even more frequently if you're around anyone with a cold.
- Keep your hands away from your eyes, nose and mouth.
- Cover your mouth and nose with a disposable tissue when you sneeze or cough. Then wash your hands.
- Protect and strengthen your immune system by getting enough rest, exercising regularly and eating a healthy diet that includes lots of fruits and vegetables.
- Don't share eating utensils or drinking glasses.
- Avoid crowds of people where germs may spread.
- Most important: Keep annual flu vaccinations up to date.

Call your pediatrician or primary care provider if ...

Your sick child has any of these symptoms:

- labored breathing, often signaled by the abdomen rising and falling dramatically
- a fever of approximately 102° F that acetaminophen (brand name: Tylenol) can't control or that's present for more than three days
- inconsolable crying or irritability
- blood in vomit or stool
- recurring vomiting or loose stools
- greatly diminished food or fluid intake
- pulling or tugging at the ears, which may indicate an ear infection





David Rasmussen
Chief Executive Officer

Playing it safe this summer

I hope that everyone has had a safe and healthy summer and that it has been emergency free. Summertime is one of our peak times in the emergency department (ED) as people tend to be more active and more prone to accidents and injuries. Previously, I ran a hospital near a Boy Scout Camp and we had a steady stream of scouts coming to the ED to care for their cuts, strains and poison ivy all summer long. Here at McKenzie, we're no different. We see the same types of medical complaints despite not having a Scout Camp nearby.

I was reading an article about the length of time of an average ED visit in the United States and how it varies from state to state. The article explains the study was based on a survey conducted from 1.5 million patient questionnaires in 2005. "The survey found the average ED patient visit was about 3.7 hours, or 222 minutes. However, in Arizona and Maryland, they had the longest average ED visit times—297 minutes and 247 minutes—respectively, while Iowa and Nebraska had the shortest ED visits, at 138 minutes and 146 minutes, respectively."

This made me wonder how long our average ED visit times have been running this year. So I did some checking and was very pleased to find that our average visit time is 125 minutes. So our average visit time is 13 minutes faster than the fastest state.

I know when you talk about averages, there are cases that will take longer and some will be shorter. In my study, I found if the visit ended up with the patient being discharged home, this type of visit lasted 104 minutes. But if the visit ended with the patient being admitted to the hospital, it would take 218 minutes, which is still less than the national average.

I had a conversation recently with an individual who told me about her experience at a larger medical center here in West Tennessee. The gist of the story was her visit lasted from around 6 p.m. to midnight before she was finally discharged from the ED and admitted to the hospital. A large percentage of her time was spent in the ED lobby just waiting to see a doctor.

I'm telling you all of this because I'm very proud of our ED and the medical and nursing staff who work here. I'm proud of the great job they do in treating our patients in as timely a manner as possible. I hope that each of you never need an ED, but if you do, I hope you will choose ours.

Have a great summer and stay safe.

DAVID RASMUSSEN
Chief Executive Officer
McKenzie Regional Hospital

THE RIGHT DOCTORS FOR YOU

The experienced, dedicated doctors of McKenzie Regional Hospital can help keep your family healthy. We'd like to introduce two of them to you.



EDUARDO SMITH, M.D.
General Surgery

201 Hospital Drive
McKenzie
(731) 352-6627

Hours: Monday through
Friday, 8 a.m. to 5 p.m.

Board certified in surgery,
Dr. Smith graduated from
the University of Panama

School of Medicine and completed his internship at Johns Hopkins Hospital in Baltimore, Md., and his residency at the University of Medicine and Dentistry of New Jersey. He also performed his fellowship at Johns Hopkins and has served as a clinical instructor in surgery at the State University of New York, Long Island.



BRYAN MERRICK, M.D.
Internal Medicine

205 Hospital Drive
McKenzie
(731) 352-7907

Hours: Monday through
Thursday, 8 a.m. to 5 p.m.

Board certified in internal
medicine, Dr. Merrick
attended medical school

and completed his internship at the University of Tennessee at Memphis. His residency in internal medicine was completed at Baptist Memorial Hospital in Memphis. He and his wife, Betty, have four children: Ashley, Matt, Will and Mitch.

THE FIRST 60 MINUTES:

The critical period in heart attack treatment

How do you know you're having a heart attack? For many people, it doesn't happen as it does in the movies, with a quick grab to the chest and a slump to the floor. Symptoms of heart attack can be more subtle—and therefore confusing. But it's crucial to call 911 if you even suspect you're having a heart attack, because every second counts. Clot-busting drugs and other treatments, which can stop a heart attack and save your life, must be given within an hour of the onset of symptoms to be most effective.

Unfortunately, too many people mistake heart attack warning signs for something else and delay calling for help. Others are embarrassed about "causing a scene" or aren't willing to admit they may be having a serious medical problem. If you experience any of these symptoms, don't wait—call for help immediately:

- **chest discomfort**, including pressure, fullness or pain in the center of the chest
- **shortness of breath** that occurs before or with chest discomfort
- **upper-body discomfort**, including pain or discomfort in one or both arms, the back, neck, jaw or stomach
- **nausea, sweating or light-headedness**, which may or may not accompany other symptoms

Remember, it's better to be safe than sorry. Knowing what to do in an emergency might just save your life or the life of someone you love.

HEALTHWISE QUIZ

How much do you know about Alzheimer's disease?

Take this quiz to find out.

1

Which example of memory loss may be a sign of Alzheimer's disease?

- a. forgetting where your keys are
- b. forgetting what month and year it is
- c. forgetting the name of a person you just met
- d. forgetting to return a phone call

2

British researchers have recently learned that drinking this beverage can inhibit enzymes associated with the development of Alzheimer's:

- a. orange juice
- b. coffee
- c. tea
- d. white wine

3

All the following may be early warning signs of Alzheimer's *except*:

- a. speaking in jumbled sentences
- b. getting lost in familiar areas
- c. having rapid mood swings for no apparent reason
- d. losing sense of balance or experiencing vertigo

4

Which health condition is suspected of increasing the risk of Alzheimer's?

- a. yo-yo dieting
- b. high blood pressure
- c. asthma
- d. low bone density

5

Which is the most misdiagnosed mental disorder in older adults?

- a. Alzheimer's disease
- b. depression
- c. anxiety attacks
- d. insomnia

ANSWERS: 1. B, 2. C, 3. D, 4. B, 5. A

NUMBER CRUNCHING

Managing high cholesterol



The bad news: High cholesterol plays a key role in whether you develop heart disease or suffer a heart attack or stroke. Excess cholesterol, a waxy, fatlike substance in your blood, builds up on artery walls, reducing blood flow. The good news: You can do something about it.

Many factors contribute to high cholesterol. While you can't change your genes, age or gender—which all affect cholesterol—you can take the following steps to improve your cholesterol levels and your health.

To lower your LDL, or bad, cholesterol and raise your HDL, or good, cholesterol:

- **Eat smart.** Saturated fat and trans fats raise LDL cholesterol levels. Instead, use polyunsaturated or mono-unsaturated fats like olive, safflower, sesame, soybean, canola and peanut oils. Eat no more than six ounces of lean meat, fish or skinless poultry a day. Choose plenty of fruits, vegetables and whole-grain foods. Switch to fat-free or low-fat dairy products and increase soluble fiber found in foods like oats, beans and citrus fruits.
- **Get regular exercise**—at least 30 to 60 minutes of physical activity a day.
- **If you smoke, quit.** Smoking lowers HDL cholesterol and increases the blood's tendency to clot.
- **Consider medication.** If lifestyle changes aren't enough, your healthcare provider may prescribe cholesterol-lowering drugs.

Leveling off your numbers

Aim for these desired cholesterol levels. If you already have heart disease or other risk factors, your doctor may set different goals for you.

Total cholesterol less than 200 mg/dL

HDL cholesterol greater than 50 mg/dL

LDL cholesterol less than 100 mg/dL

Triglycerides less than 150 mg/dL



New unit offers specialized care

A new four-bed Progressive Care Unit (PCU) at McKenzie Regional Hospital means that the sickest patients will get highly specialized care for the duration of their hospital stays. The PCU will treat patients who require close attention, monitoring and a higher level of specialized care. “We’re really excited about this new addition to our services and the

offer this new enhancement to the community and look forward to working toward meeting other healthcare needs within the area,” says David Rasmussen, McKenzie Regional Hospital’s chief executive officer.

prospect of providing an alternative, other than a long drive out of town, to our patients,” says Susan Carter, PCU director.

The PCU is staffed by registered nurses who work 12-hour shifts; one nurse is on duty at all times. Telemetry screens that provide information on a patient’s blood pressure, pulse and cardiac activity will be monitored by techs at the nurses’ station as well as on a telemetry screen at each patient’s bedside. The unit will be available for heart patients as well as surgery patients just out of surgery who may require more intensive care.

In addition to the specialized equipment, the renovated, private rooms feature new décor, flat screen televisions, private bathrooms and recliners where family members may rest. Eduardo Smith, M.D., general surgeon, is serving as the medical director for the new unit.

“This is the culmination of months of planning and renovation to provide a higher level of care within this community.

We are very pleased to



Eduardo Smith, M.D.
General Surgeon

70MKR



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SUMMER 2006

Health Connection

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