

HEALTH NEWS *from*

SPRING 2021

st.mary's

REGIONAL MEDICAL CENTER

Tackling Type 1 **DIABETES**

How this active
9-year-old
is finding his
new stride

Also inside:

COVID-19 VACCINES

Helping pave the
path forward

RELIEVING PERSISTENT PAIN

What you should know

*Amber Williams and her
son, Cory, who was recently
diagnosed with Type 1 diabetes.*



Compliments of

St. Mary's
REGIONAL MEDICAL CENTER

FROM THE CEO



MOVING FORWARD. Good health is essential to our lives. Here at St. Mary's, we're committed to helping you get the care you need right here close to home. Whether that involves emergency treatment or support with another health issue, it's important not to delay care. We're here for you 24/7 with extensive measures in place to help keep you safe.

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Yes - relief is possible

Within the hospital, we continue to invest in our services and bring innovative treatments to Enid. Earlier this year, we were excited to become the first in the region to add ROSA® robotic knee replacement technology to surgical services. The ROSA system is used to tailor the placement of knee implants in patients who need a total knee replacement.

We also continue to use the da Vinci® Surgical System to improve treatment. For patients needing a hysterectomy, this robotic system can help support less-invasive procedures with smaller incisions and quicker recoveries.*

In all of our services, we're committed to providing the best possible care. We're very grateful for the support we've received from the community throughout the pandemic and look forward to brighter days as we move forward together.



Krista Roberts
Chief Executive Officer

*Individual results may vary. There are risks associated with any surgical procedure. Talk with your doctor about these risks to find out if robotic surgery is right for you.

We're honored to be the **WOMEN'S CHOICE!**

St. Mary's has been named one of America's Best Hospitals for both Emergency Care and Obstetrics by the Women's Choice Award®, America's trusted referral source for the best in healthcare. This recognition signifies that St. Mary's is in the top 1 percent for Emergency Care and top 6 percent for Obstetrics of 4,542 U.S. hospitals offering these services. The Women's Choice Award for Best Hospitals™ identifies the nation's best hospitals based on robust criteria that includes relevant clinical performance, patient satisfaction and appropriate accreditations.

To learn more about St. Mary's services, visit stmarysregional.com.



COVID-19 VACCINES

How they work and the promise they can offer



Jessica Easterwood in the St. Mary's pharmacy

Of all the different vaccines you may have in your lifetime, perhaps none will be as memorable as the COVID-19 vaccine. St. Mary's Director of Pharmacy Jessica Easterwood, PharmD, calls the vaccines history in the making. She was part of a team effort to administer the first FDA-approved vaccine, from Pfizer, to the St. Mary's staff in December and January. "We knew this could help us bring about the beginning of the end of the pandemic," she says.

How do the vaccines work, and what's different? Like other vaccines, the COVID-19 vaccines trigger an immune response in your body to produce antibodies that help fight disease. Specific antibodies remember specific germs like the coronavirus so they can fight them in the future if they encounter them again.

What's different about the Pfizer and Moderna vaccines is that they use a new concept involving messenger RNA (mRNA) to activate your body's defenses. "The mRNA blueprint gives our cells a set of instructions to trigger an immune response to the COVID virus," Easterwood explains. "It shows them what to do, then it degrades. It works very quickly and then it's gone."

Johnson & Johnson's one-dose vaccine, the third to get FDA approval, is more traditional and uses a "viral vector" to trigger an immune response, Easterwood says. "It's giving our cells instructions using an adenovirus." This is a weakened virus that's modified and harmless, she explains. These are not live vaccines. They cannot give you COVID-19.

Will vaccines be the tool we need to put the pandemic behind us? "I'm not an infectious disease expert or epidemiologist, but we know for any type of outbreak like this, in order for it to go away, you've got to have a majority of your population immune to the virus in some aspect," Easterwood says. "I think we're all really encouraged that this is working." ■



Are you up-to-date on all your VACCINES?

Different vaccines throughout different stages of life can play a vital role in protecting you against harmful diseases. Talk with your doctor about the vaccines that may be recommended for you, including the COVID-19 vaccine.

For help finding a doctor, call 580-249-3741 or visit stmarysregional.com/find.

For the most up-to-date information on COVID-19 vaccines, visit cdc.gov.



JUVENILE DIABETES: *A life-changing diagnosis*

*Cory is back on the go,
with a new routine.*

Amber Williams describes her 9-year-old son, Cory, as a sweet, happy, ornery and active kid who is full of life, smiles and giggles, and loves sports. It was difficult for her to watch her son struggle for months with periods of fatigue, weakness, rash and joint pain. “He was more sick than normal; he stayed sick longer and appeared to get tired easily,” reflects Amber. “Some days he would just lay down on the floor and want to sleep.”

Amber took her son to their family physician, Emily Cooper, MD, to see what might be going on. “We did a workup including an autoimmune panel and sugar check, and it all came back normal at that time,” says Dr. Cooper. “The rash and joint pain improved so we thought it could have been viral and encouraged his mother to call if it recurred.”

The diagnosis

Three months later, Cory started becoming excessively thirsty and was frequently urinating. His parents became very concerned and knew something was not right. “I didn’t know what was wrong, but I knew whatever it was, it wasn’t normal,” says Amber.

At the doctor’s office, Cory was tested for a urinary tract infection and the results showed the glucose in his urine was high. “They did a finger stick on Cory and the glucometer was unable to register his blood glucose level because his blood sugar was too high for interpretation. We were then sent directly to St. Mary’s Emergency Department,” Amber recalls. “Cory was really sick.”

Cory was preliminarily diagnosed by the ER physician with Type 1 diabetes and was admitted to the hospital for three days. “Type 1 diabetes is a condition in which the body’s immune system attacks and destroys the cells that produce insulin,” explains Dr. Cooper. Cory describes it as, “My body doesn’t produce insulin anymore. It is not fun and it’s really a pain.”

During Cory’s hospitalization, the family met with a nurse and a pharmacist, who explained how to administer insulin and how it works. Also, a

dietitian, Pam Baggett, spent hours teaching them how to count carbs and calculate insulin dosages. “I had never counted a carbohydrate or anything in my life, it was all foreign to me,” says Amber. “A diabetes diagnosis literally changes a patient’s life – their meals, portions, snacks and thinking about everything they put into their mouth,” says Baggett, who provides individualized education for newly diagnosed patients.

After Cory’s discharge from the hospital, Dr. Cooper started him on insulin treatment and referred him to a pediatric endocrinologist.

Living life with a chronic condition

Now, a year later, Cory attends school, is active in sports and uses a continuous glucose monitor (Dexcom G6®) to continuously monitor blood sugars. “He must perform finger sticks and take insulin throughout the day,” says Amber. “Cory has to count every carbohydrate he eats and then calculate how much insulin he needs, which is based on how many carbs he is eating.” During sports, adjustments are made to help him feel his best when on the field or court.

“It is a lot of math and a lot of sleepless nights,” says Amber. “It’s like a roller coaster of high blood sugar and then low blood sugar and you can’t get off the ride. You are constantly fighting to keep blood sugar in range.”

A vital part of managing the diabetes is teaching how to manage the stress of it all. “If he sees me fall apart, what will that teach him? He never complains, so I won’t either. Diabetes hasn’t slowed him down. He has taken his diagnosis, accepted it and lives life to the fullest,” concludes Amber. ■

If you have concerns about diabetes and need help finding a physician, visit stmarysregional.com/find.

Spotting the signs of SKIN CANCER

Elementary school secretary Kay Dillon remembers having an itchy spot in the middle of her back. But she never thought much about it until she was having her regular mammogram at St. Mary's Women's Imaging Center.

During the screening, her mammographer noticed a mole on her back and asked Dillon if she'd seen it. "It was right by my spine, right in the middle of my back," Dillon remembers. Because of where it was located, she couldn't see it herself.

Her mammographer suggested she have it checked out, so at a routine doctor's appointment

a couple of weeks later, Dillon asked about the spot. She then had some testing done. "They did a little biopsy, took a piece out and it came back as melanoma," she says.

Melanoma is much less common than some other types of skin cancers. But melanoma is more dangerous because it's much more likely to spread to other parts of the body if not caught and treated early, according to the American Cancer Society®.

Shortly afterward, Dillon had the spot removed in an outpatient procedure with a dermatologist. She now has regular skin checks to help catch any potential problems early.

Dillon, 56, says she never thought that the itchiness on her back would turn out to be skin cancer. "I'm so thankful she said something and we got rid of it before it was too far along," she says of her mammographer. "She possibly saved my life." ■

Need help finding a doctor? Visit stmarysregional.com/find.

Different types of skin cancer can have different signs. The American Cancer Society says to point out anything you're concerned about to your doctor, including:

- Any new spots
- Any spot that doesn't look like others on your body
- Any sore that doesn't heal
- Redness or new swelling beyond the border of a mole
- Color that spreads from the border of a spot into surrounding skin
- Itching, pain, or tenderness in an area that doesn't go away or goes away then comes back
- Changes in the surface of a mole: oozing, scaliness, bleeding, or the appearance of a lump or bump



A modern approach to pain relief

If you're among the many people struggling with pain, then you know how difficult it can be. "A lot of times you can't tell by looking that someone is in pain, but over time pain wears people down," says interventional pain management physician Emily Morgan Pollard, MD.

"Previously, many patients didn't have access to interventional pain treatments," Dr. Pollard says. Pain was often treated with prescription medicines, including opioids. "That strategy has a lot of limitations, and now we know it has a lot of risks," she says. Today, more targeted therapies can address where the pain is coming from and get to the root of the problem, she explains. "Targeted therapy provides better results with fewer side effects."

Innovations in care

Dr. Pollard says she usually starts with the least-invasive options first. For example, epidural steroid injections are sometimes recommended to treat conditions like lower back pain and leg pain.

When less-invasive treatments are not effective enough, people may consider more advanced treatments, such as spinal cord stimulation. This involves a small device that sends low levels of electricity into the spinal cord to provide relief. A big benefit is that people can test it out with a trial, before they commit to the surgery, she says.

Another up-and-coming treatment approach is regenerative medicine, such as using platelet-rich plasma to take advantage of the body's own ability to regenerate. Part of Dr. Pollard's training at the Mayo Clinic was in regenerative interventions.

Many times, there are minimally invasive options. Dr. Pollard says, "It can be comforting to know that people have found strategies and techniques to improve their quality of life." ■

Read an extended version of this article on our blog at stmarysregional.com/relief.

Individual results may vary. There are risks associated with any minimally invasive procedure. Talk with your doctor about these risks to find out if this minimally invasive procedure is right for you.



Emily Morgan Pollard, MD

WHO CAN BENEFIT?

"Most of my patients have back or joint pain that has progressed over time," Dr. Pollard says. For people who are not surgical candidates or who are not ready for surgery yet, interventional pain care can help.

Patients with diseases such as rheumatoid arthritis, lupus and cancer also may benefit. Additionally, specialized treatment may help people with osteoporosis, who may be more prone to fractures in the spine. For instance, a minimally invasive procedure called kyphoplasty can offer relief by helping to correct bone deformity and stabilize the vertebra.



Where Families Grow

The BirthPlace at St. Mary's is ready to help you welcome your new addition. We offer a warm, family-centered environment with private maternity suites where you can bond with your baby.

Having a baby is one of the most exciting times in your life. Let us help make it even more special.

Meet the Team



Chris M. Lee, DO
Obstetrics & Gynecology



Christopher Hutchinson, DO
Family Medicine/Obstetrics



Melanie Hutchinson, DO
Family Medicine/Obstetrics



Rebecca Lewis, DO
Family Medicine/Obstetrics



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