

HEALTH NEWS *from*

WINTER 2017

# st. mary's

REGIONAL MEDICAL CENTER

## *The Wanzers share their stroke story*

Family, faith and a  
caring medical team  
see them through

### *Also inside:*

#### **COPING WITH BACK PAIN**

When to see  
the doctor

#### **DIABETES AMONG OKLAHOMANS**

Facts you  
should know

Marion Wanzers is back  
at home with his wife,  
Loretta, following  
stroke treatment.



Compliments of

**St. Mary's**  
REGIONAL MEDICAL CENTER

## FROM THE CEO



If you or someone you love has suffered a stroke, then you know how important it is to get treatment right away. In this issue of *Health News*, we are pleased to share with you the story of Marion Wanzer, who is back at home with his wife, Loretta, following stroke treatment at St. Mary's Regional Medical Center. Quick action by Marion's

family inspired by a stroke poster at St. Mary's helped Marion get the urgent care he needed. We are honored to have played a role in his recovery and rehabilitation.

Along with our story about the Wanzers, we are proud to announce that we recently became the first hospital in Enid and Garfield County to be recognized as a Certified Advanced Primary Stroke Center. We've also earned recognition for total hip and knee replacement, which you can read about below.

At St. Mary's, we strive for the highest standards in all that we do. That includes helping patients with balance problems, back pain and breathing issues – all topics that are addressed in this newsletter. We also provide stories about shingles, diabetes and gluten-free foods.

Staying informed is so important to good health. We hope you find the articles in this issue helpful, and we look forward to supporting you in the new year.



**Stanley Tatum**  
Chief Executive Officer

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## HIP HOORAY for our Joint Replacement Institute

St. Mary's Regional Medical Center has earned The Joint Commission's Gold Seal of Approval® for Advanced Certification for Total Hip and Total Knee Replacement. St. Mary's underwent a rigorous onsite review in October 2016 when Joint Commission experts evaluated compliance with advanced disease-specific care standards and total hip and total knee replacement requirements. St. Mary's is the first hospital in the state to achieve this certification.



# *Help with* balance and falls



Dizziness and balance problems can affect people at different ages, but seniors are particularly susceptible, notes Shannon Vaverka, OTR/L, an Occupational Therapist at St. Mary's Regional Medical Center's Center for Rehabilitation.

"Patients may not always feel comfortable telling their doctor or family members, but these problems are very common," she notes. "Many of the patients we see want to keep living independently in their homes. Avoiding falls, and improving balance, can reduce the risk of a serious injury and help them stay in their homes safely."

Balance problems can be associated with various conditions. Usually, when a person begins to experience balance problems, it is related to a combination of coexisting conditions such as muscle weakness, painful joints, loss of sensation in the feet, disequilibrium and dizziness.

"The Balance Enhancement and Safety Training (BEST) Program at St. Mary's has been helping patients overcome these challenges for more than 15 years," Vaverka says.

The BEST program uses a comprehensive approach that includes balance enhancement, strengthening, functional mobility training, compensation strategies, fall prevention and safety training. The goal is to help support patients' independence with mobility and daily living activities.

Using this approach, the team at St. Mary's works to whittle away at every possible factor that could contribute to a fall, so patients can experience the greatest positive impact. ■

## **The Centers for Disease Control and Prevention reports that ...**

- More than one out of four older people fall each year.
- Each year, 2.8 million older people are treated in emergency departments for fall injuries.
- Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a head injury or hip fracture.

**St. Mary's Center for Rehabilitation offers free balance and fall-risk screenings by appointment at its outpatient facility at 2123 Willow Road, Enid 73703. You may then discuss the findings with your doctor to determine a plan of care. For more information, please call 580-237-8278.**



# *The lowdown on* **BACK PAIN**

When should you see a doctor, and what treatments are available?

**A**bout 80 percent of adults experience low back pain at some point in their lifetimes, according to the National Institute of Neurological Disorders and Stroke. The good news is that it usually lasts only a few days to a few weeks and goes away on its own.\* The bad news is that it sometimes persists, and can be extremely painful and debilitating. ►

## *Did you know ...*

Being older, out-of-shape or overweight can make you more susceptible to back pain. Also, smoking can accelerate arthritis, which may lead to more wear and tear on your back and contribute to back problems, says Dr. Mason Andrews. Quitting smoking and adopting healthy habits are two important ways to protect your back - and feel better at the same time.





**Mason Andrews,  
MD**

So, what should you do if you suddenly find yourself suffering with an aching back?

For at-home treatment, acetaminophen, aspirin or ibuprofen can help, according to the National Institutes of Health. Hot packs to alleviate muscle spasms and cold packs to reduce swelling can also offer relief.

The Centers for Disease Control and Prevention (CDC) recommends you see a doctor if you have numbness or tingling, if your pain is severe and doesn't improve with medication and rest, or if you have pain after a fall or an injury. Also, the CDC notes that the following symptoms should be evaluated by a doctor and could signal a serious problem: trouble urinating; weakness, pain, or numbness in your legs; fever; or unintentional weight loss.

The vast majority of patients who seek medical treatment for back pain are not treated with surgery, notes Neurosurgeon Mason Andrews, MD.

“When a patient comes to me with back pain, my job is to sort out where the pain is coming from,” he says. That can provide important information about the problem and the best treatment options.

So when might surgery be considered? Patients who have leg pain caused by a pinched nerve in the back often do very well with surgery, Dr. Andrews notes. Similarly, patients who have arm pain associated with pain in their neck may be good surgical candidates. Treatment for neck problems may entail cervical disc arthroplasty, which involves replacing a damaged disc in the cervical section of the spine with an artificial disc. For patients with more degenerative disc disease, a fusion procedure – which involves immobilizing segments of the spine to relieve pain – may be recommended.

Other conditions where surgery may be recommended include: herniated disc; spinal stenosis (narrowing of the spinal canal); slippage of the bones in the spine (spondylolisthesis); and pain in the sacroiliac joint (SI) joint, where the back joins the hips.

Also, a surgical procedure called kyphoplasty is offered at St. Mary's for spinal fractures commonly experienced by patients with osteoporosis.

“Even if a patient is a candidate for surgery, we first try to maximize conservative, non-surgical options,” Dr. Andrews says. These may include injections, physical therapy, anti-inflammatory medications and lumbar ablation, which uses radiofrequency waves to provide relief.

If surgery is needed, minimally invasive options can offer faster recoveries, less blood loss and less pain around surgery, Dr. Andrews notes. “I have a very long discussion with my patients and discuss the treatment options and what to expect,” he says. “That distinguishes the care here. There's more of a personal feel.” ■

**For more information about the Neuroscience and Spine Program at St. Mary's Regional Medical Center, visit [www.stmarysregional.com/spine](http://www.stmarysregional.com/spine).**

\*National Institute of Neurological Disorders and Stroke

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



# “They did **everything** *the right way*”



When Marion Wanzer suddenly lost feeling in his left leg last August, quick action by his family and comprehensive stroke care at St. Mary’s Regional Medical Center helped him get back to the life he loves.

Marion was about to get ready for church when the problem started. “My left leg was completely dead, no feeling, no nothing,” he says. “I just stayed real calm,” his wife, Loretta, recalls, saying she knew they had to get to the ER. She called her son-in-law, Kevin Andersen, to ask if he could drive them to the hospital. ➤

Following a rigorous onsite review, St. Mary’s Regional Medical Center has earned The Joint Commission’s Gold Seal of Approval® and the American Heart Association/American Stroke Association’s Heart-Check mark for Advanced Certification for Primary Stroke Centers.



American Heart Association  
American Stroke Association  
**CERTIFICATION**  
Meets standards for  
**Primary Stroke Center**

Marion Wanzer and his wife, Loretta, are grateful for the support they received during Marion’s recovery.



When Kevin heard about Marion's symptoms, it reminded him of a sign about strokes he'd seen on the elevator at St. Mary's, where he works as a contractor. He then remembered that time was a factor and told his mother-in-law, "You need to hang up and call 9-1-1 right away, we'll meet you at the hospital."

On the way to the hospital, the paramedics were told to take Marion to St. Mary's because there was a neurologist on staff. "That's when they checked and found that it was a blockage in my brain," Marion says. Doctors had a limited time to administer medication that would dissolve the blood clot that had caused a stroke. "They gave me the shot and within five minutes I could move my leg," Marion says.

Marion spent three days in the ICU, before transitioning to the inpatient Rehabilitation Institute at St. Mary's to recover. "He was able to walk and was not confined to a wheelchair," recalls Physical Therapist Lisa Henderson, DPT, "but he needed help with safety awareness, balance and word finding." Speech Therapist Brittney Buller, MS, CCC-SLP, adds, "We worked on activities that Marion would normally do at home like money management, managing a calendar, sequencing activities and solving problems in a distracted environment."

"I realized that this is the only way I was going to get back to where I needed to be," Marion says of rehab. "They were just wonderful," he says of the St. Mary's team. "They did everything the right way."

As Marion got stronger, Loretta was by his side, with the rehab team supporting her as well. Program Director Lori McMillin, PT, MS HCA, says, "It is often challenging for families to step back after something like this happens. We want to help them find a balance between taking care of their own needs and spending time learning how to provide help to their family member."

Marion proceeded to outpatient therapy and continues to work on strengthening his left leg. He and Loretta thank God for his recovery. They also treasure the support of their large family - including their daughter Tracy Andersen, Director of Information Systems at St. Mary's, whose husband Kevin got the call from Loretta last August.

"The help Marion got at St. Mary's was just so awesome," Loretta says. "If he had anything happen again, St. Mary's would be where we'd go, there'd be no doubt about that." ■

**To view a video of the Wanzers' story, visit [www.stmarysregional.com/Wanzer](http://www.stmarysregional.com/Wanzer).**

## Act **FAST**... And Pay It Forward



THE SIGNS OF A POSSIBLE STROKE CAN BE SPOTTED

**F A S T**

-  **F Face droops**
-  **A Arm weakness or numbness**
-  **S Speech is slurred**
-  **T Time is critical – call 911 immediately**

When you know the symptoms of a possible stroke, you can help get appropriate treatment quickly.



# DIABETES FACTS: *What Oklahomans need to know*

Approximately 451,888 people in Oklahoma, or 14.3 percent of the adult population, have diabetes, according to the American Diabetes Association. In addition, 1,036,000 people in Oklahoma, 36.9 percent of the adult population, have prediabetes with blood glucose (sugar) levels higher than normal but not yet high enough to be diagnosed as diabetes, the Association says.



Daniel Washburn, MD

Diabetes occurs when problems with insulin disrupt the body's processing of digested food. Consequently, sugars can build up in the blood, rather than going to the cells to be used as energy. While Type 1 and Type 2 diabetes are both very serious conditions, Type 2 is by far the most common and often goes undiagnosed. If left untreated, diabetes can lead to significant health problems such as blindness, the need for dialysis and amputations, notes Daniel Washburn, MD, who specializes in internal medicine and endocrinology.

Symptoms may include increased thirst and urination, blurred vision, fatigue, weight loss and recurrent infections. Some patients may not have symptoms until they experience complications; therefore, screening is important, notes Dr. Washburn.

The National Institute of Diabetes and Digestive and Kidney Diseases says anyone age 45 or older should consider getting tested for diabetes or prediabetes. People younger than 45 should consider testing if they are overweight or obese and have one or more additional risk factors for diabetes. Maintaining a healthy weight and staying physically active are two of the most important things you can do to protect yourself, Dr. Washburn says. ■

**Talk to your doctor about your individual risk for diabetes and whether you should be screened. For help finding a doctor, contact St. Mary's free physician referral service by calling Direct Doctors Plus® at 580-249-3741.**



## UNDERSTANDING THE DIFFERENCES

### TYPE 1 DIABETES

A condition where the body does not produce insulin.

A less common form of diabetes. Only 5 percent of people with diabetes have Type 1.\*

Treatment must include insulin.

Usually diagnosed in children and young adults (previously known as juvenile diabetes).

Risk factors include family history and environmental factors, such as exposure to a viral illness.

### TYPE 2 DIABETES

A condition where the body does not use insulin properly.

The most common form of diabetes.

Can sometimes be managed with lifestyle changes like diet and exercise; insulin and/or oral medications may also be needed.

More common among the aged and African Americans, Latinos, Native Americans, and Asian Americans/Pacific Islanders.\*

Risk factors include weight and inactivity, family history, age and race.

\*American Diabetes Association



# *Breathe easier* with our new Pulmonary Rehab program

**If you are coping with COPD, asthma or another chronic lung problem, you may benefit from a new Pulmonary Rehabilitation program at St. Mary's that is specifically focused on breathing issues.**



Rachel Henry,  
RRT

“Our goal is to help patients experience an improvement in their overall breathing and quality of life,” says Registered Respiratory Therapist Rachel Henry, RRT. This is achieved through a combination of exercises and education specially tailored to each patient’s needs.

The outpatient program is offered on the first floor of the hospital and meets twice a week, in small groups of up to six patients. Over a course of 18 sessions, patients are supported in managing their condition and achieving their individual goals.

“For some people, this may mean keeping up with the grandkids or performing household tasks with greater ease,” Henry notes. Certain exercises and breathing strategies can offer many patients relief from breathing problems, she notes. Getting support as soon as possible can promote optimal results.

Patients in the program receive hands-on, individualized care. Henry is supported by two registered nurses and additional nursing help, if needed, to ensure a personalized experience. Patients may use different exercise equipment at the hospital, as well as learn about exercises and lifestyle changes they can implement at home.

There is also a component of camaraderie that comes from being with others who are experiencing similar issues. “Our goal is to provide a supportive setting for our patients and help them achieve the best quality of life possible,” Henry says. ■

**Patients may be referred to the Pulmonary Rehabilitation program by their physician upon completion of a pulmonary function test (PFT). Talk with your doctor if you are experiencing breathing difficulties or feel you may benefit from pulmonary rehabilitation.**



# *Coping with* shingles



Shingles is a painful, blistering rash that usually develops on one side of

your body such as along your torso, waist or face, notes Internal Medicine physician **Jill Vilaythong, MD**. The Centers for Disease Control and Prevention (CDC) reports that one out of every three people in the U.S. will develop shingles in their lifetime and that approximately 1 million cases of shingles occur every year in this country. Here is information to help you stay prepared.

## **Q: What causes shingles?**

Shingles is caused by the varicella-zoster virus – the same virus that causes the chickenpox. After you recover from the chickenpox, the virus lies dormant in your body and can cause shingles years later. Certain people are more at risk, including people over the age of 50 and people with weakened immune systems.

## **Q: What happens if I get shingles?**

One to five days before the rash develops, you may start to feel a tingly, itchy or painful sensation in the area where the rash will appear. You may also feel fever, headache, fatigue or an upset stomach. Shingles typically gets better after two to four weeks, but some people can continue to have pain in the area where the rash occurred or other severe complications.

## **Q: Is there treatment for shingles?**

Medication is available that can help shingles blisters heal more quickly and reduce pain and discomfort. Tell your doctor right away if you think you may have shingles. Getting the problem diagnosed and treated early can support the best outcomes.

## **Q: Should I get the shingles vaccine?**

The CDC recommends that people age 60 and older get vaccinated to help lower their risk of developing shingles. Even if you've already had shingles, the CDC recommends getting vaccinated as the vaccine can help prevent recurrence. The vaccine can also reduce severity and prevent complications if you develop shingles. Talk with your doctor if you have concerns. ■



*For help finding a doctor, contact St. Mary's free physician referral service by calling Direct Doctors Plus® at 580-249-3741.*



# GLUTEN: *friend or foe?*

Gluten-free food products seem to be popping up everywhere. But who should be eating them, and are they healthier? Gastroenterology Specialist Stephen Hwang, MD, explains.



Stephen Hwang,  
MD

Gluten-free foods are important for people diagnosed with celiac disease, a serious autoimmune disorder, says Dr. Hwang. For people without

this condition, they're not justified, Dr. Hwang says. "There's no benefit to being gluten-free if you don't need to be."

Gluten is a protein found in wheat and grains like rye and barley. It's used in many products – such as pasta, bread and beer – and can affect the texture and taste of different foods. "If you look at food labels, you'll be surprised at how many products contain gluten," Dr. Hwang says. A 100 percent gluten-free diet is very difficult but is required for people with celiac disease, he says. Even small amounts of gluten can cause problems.

Celiac disease is a genetic condition that tends to run in families. It is estimated to affect one in 100 people worldwide, according to the Celiac Disease Foundation. For those affected, eating gluten can damage the small intestine and contribute to anemia, loss of bone density, infertility and miscarriage, and certain cancers.

Symptoms are not always present. For kids, they may include problems like abdominal bloating and pain, chronic diarrhea, vomiting and constipation. Adults may experience unexplained iron-deficiency anemia, fatigue, bone or joint pain, arthritis and osteoporosis, the Celiac Foundation notes. A simple blood test can help determine if you have celiac disease, Dr. Hwang says.

Some individuals who test negative for celiac disease still report feeling better when they eat gluten-free. The Celiac Foundation notes that research has not confirmed that gluten is the culprit in non-celiac wheat sensitivities, and more studies are needed.

Talk with your doctor if you have concerns. Knowing your body's needs can help ensure you get the nutrition – and satisfaction – you want in your diet. ■

**The Celiac Foundation says that celiac disease often goes undiagnosed, putting people at risk for long-term health complications. Your doctor can advise you about screening.**

## Check it off the list ... *we'll make it easy!*

We know you're busy and that finding time for your annual mammogram can be a challenge. But consider this ... one in eight women will develop breast cancer in her lifetime.\* And many don't have any risk factors.

### Screenings save lives

A mammogram is a screening test for breast cancer and can help find breast cancer early when it's easier to treat.

The **Women's Imaging Center** offers a comprehensive range of imaging services, including digital mammography for clearer, sharper images than with traditional mammography.

*\*American Cancer Society*



## *Don't wait*

**Schedule your mammogram with us.**

### Is it time for your regular mammogram?

Ask your doctor for an order or call our Women's Imaging Center at **580-249-3771** to schedule an appointment.



St. Mary's Regional Medical Center

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