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Write from the Top

Dear Friend of Palomar Health,

Ten years ago, I joined Palomar Health to help steer the organization toward its goal of building the health system of the future. Today, I am proud to reflect on some of the organization's biggest wins of the last year, while providing insight to some of our immediate goals moving forward.

What better way to close out 2011 than taking home the grand prize at the San Diego Society for Human Resource Management’s 12th annual Workplace Excellence Awards. This unique honor recognizes exemplary human resource practices by San Diego employers, and speaks to the heart of what Palomar Health is really all about – our professional, skilled staff … caring for you.

Continuing down the path of excellence, we kicked off 2012 with the honor of being named a top U.S. health system based on system-wide performance by Thomson Reuters (now Truven Health Analytics), which rates hospitals across the nation. We were named a “top quintile” health system – performing in the top 20 percent of 321 participants. The results were published in Modern Healthcare magazine.

Most of you have probably noticed our new "house" standing high on a hill in Western Escondido. The new Palomar Medical Center opened its doors for care on August 19 – making it the first new hospital in North County in more than 30 years. It is truly a testament to forward-thinking, generosity and the desire to meet the medical needs of a growing community. And, we’re already enjoying some recognition for our hard work as the facility was recently named the 2012 “Best Health Care Project” in California and the nation by Engineering News-Record (ENR), the construction industry’s leading provider of news and analysis.

Looking ahead, we will continue to focus on the expansion of our facilities and programs including the opening of the new Ramona Ambulatory Care Center this spring, completion of a new pedestrian bridge that will connect Pomerado Hospital with Pomerado Outpatient Pavilion, revitalization of our Downtown Campus and true integration of our inpatient and outpatient care programs.

In January, we will complete our second strategic planning retreat – convening with our medical and nursing staffs, board members and other leaders throughout the organization. This effort will enable us to prepare for the impact of health care reform over the next four years, and, most importantly, it will help ensure that we are positioned to meet your needs in the future as we have in the past.

Palomar Health’s commitment to quality, patient safety and patient satisfaction is unwavering. Our collaboration with physicians, nursing leaders and a variety of support staff provide us with a “Champion Team” approach to implementing evidence-based practices that will guide us toward our goal of achieving top decile performance in these areas of focus. We have also partnered with the VHA and the Institute for Healthcare Improvement (IHI) which is bringing us early wins and helping to create the culture of patient safety and satisfaction that are key to continued success.

So, as we celebrate our wins and pursue new goals, I want to take a moment to thank you for your trust in Palomar Health. It’s an honor we don’t take lightly. Because providing you with safe, quality patient care isn’t just a goal, it’s a way of life. From our family to yours, we wish you a healthy, prosperous 2013!

In good health,

Michael H. Covert, FACHE
President and Chief Executive Officer
Palomar Health
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On the Cover
48-year-old triathlete Emily Taylor had the shock of her life last August. But because she listened to her body and took action, Emily survived what could have been a fatal heart attack. Emily is pictured on the cover with Cardiologist Mikhail Malek, M.D., inside one of the new cardiac catheterization labs at Palomar Medical Center, where she received a coronary stent. Read the full story on pages 8 – 9. (Photo by Martin Mann)

The views and opinions expressed throughout this publication are provided for informational purposes only and do not necessarily reflect those of Palomar Health. Featured articles and classes are not intended to substitute for professional medical advice, diagnosis or treatment, nor are they intended to reflect all possible opinions on a subject. We recommend that all patients seek the advice of their physician or other qualified health provider with any questions they may have regarding treatment options or a medical condition.

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The most common type of arrhythmia or abnormal heart rhythm – atrial fibrillation – is often elusive because symptoms may come and go. Initially, some patients may not have noticeable symptoms until extreme shortness of breath, palpitations or swollen ankles sends them to the emergency room for treatment.

“Atrial fibrillation (Af) affects nearly three million people nationwide and perhaps many more who aren’t diagnosed,” says Navinder Sawhney, M.D., an electrophysiology cardiologist who was recently recruited from UCSD to join Escondido Cardiology Associates and Arch Health Partners. “We don’t fully understand what causes Af, but abnormal electrical signals from the pulmonary veins are important, and aging, as well as having diabetes or hypertension, may contribute to this disease.”

Dr. Sawhney helped establish the new electrophysiology program at Palomar Medical Center, offering state-of-the-art treatment for Af. (See related story on page 6.)

AF occurs when the atria, the upper chambers of the heart, start to beat erratically, sending multiple electrical signals to the bottom ventricular chambers, which causes the heart to pump inefficiently. When the heart is fibrillating, the blood does not circulate well and it may clot. If a clot forms and is released, this can result in a stroke. Approximately 20 percent of all strokes that occur annually in the United States are directly related to AF.

“This irregularly irregular rhythm is chaotic and very stressful on the heart,” says Roger Acheatel, M.D., a board-certified interventional cardiologist with Escondido Cardiology Associates and Arch Health Partners. He also serves as chief of staff at Pomerado Hospital. “Patients with AF may lose 15 percent of their heart function. Not only does AF impact quality of life, it also increases the risk of heart failure and clot formation, two very serious, potentially life-threatening conditions.”

Symptoms include palpitations, irregular heartbeat, shortness of breath, edema (swelling, especially of the ankles), chest discomfort, dizziness, fatigue and weakness. An electrocardiogram (EKG) may identify AF if it is occurring at the time of that exam. Long-term cardiac monitoring may be recommended to record the periods of AF in a patient whose symptoms prove elusive.
“It can be a challenge to diagnose AF because both the symptoms and the event of arrhythmia can be intermittent,” Dr. Sawhney says.

Treating AF is complex and must be individualized based on age and a comprehensive medical history. Medication management is usually tried first, with the goals of controlling heart rate, regulating rhythm and reducing the risk of stroke.

There are three categories of medicines used to treat AF and patients often must adjust dosage strength to minimize side effects. Beta-blockers are often used to control the ventricular heart rate, while anti-arrhythmic medication can be used to help restore normal heart rhythm. Blood thinners such as Coumadin or other newer agents reduce the risk of clot formation that can occur with AF.

“Atrial fibrillation requires treatment and an early diagnosis makes it easier to treat because we have more options available,” says Dr. Sawhney. “With persistent AF, the heart changes; it enlarges and develops scar tissue and is weakened. If untreated, it can result in stroke, life-threatening heart failure and other serious complications.”

“Increasingly, we have more options for treating AF, especially with the new electrophysiology lab at Palomar Medical Center,” Dr. Acheatel says. “If medication doesn’t restore normal rhythm or relieve symptoms, we can now provide patients with a minimally invasive catheter ablation procedure to control AF and prevent serious complications.”

Restoring Rhythm: Two Men, Two Approaches

Fred Harbrueger and Marvin Ruebel don’t know each other, but they have a great deal in common. Both men have lived with AF for years, managing with medication for the most part. But, when uncomfortable symptoms and side effects became troubling, they took different paths to their goal of restoring a regular heart rhythm.

Electrocardioversion “Resets” Heart Rhythm

Fred has a long history of heart disease, dating back to 1986. While on duty as a police officer in Michigan, he suddenly developed severe chest pain and was rushed to a nearby hospital. A few days later, on Christmas Eve, he had open-heart surgery which saved his life.

Last August, Fred noticed his pulse racing when he did his daily in-home blood pressure check. He was also short of breath and his ankles were very swollen. He alerted his daughter, Michelle, who took him to Pomerado Hospital’s Emergency Department (ED) where she works as a relief charge nurse.

“An EKG confirmed that my Dad was in AF,” says Michelle Ritchie, R.N. “Dr. Acheatel started Coumadin again, along with the rhythm medication. But, taking Coumadin long-term can cause some concerns. Because it thins the blood, Dad has to be extra careful not to fall and hit his head or cut himself. It’s also necessary to have frequent blood tests to monitor blood levels and ensure the correct dosing of the Coumadin.”

Despite restarting those medications, Fred continued to have uncomfortable symptoms and in October he was scheduled for external cardioversion as an outpatient at the new Palomar Medical Center. Cardioversion may be recommended in cases of persistent AF. It involves placing pads on the patient's chest and delivering electrical energy to the heart. This shocks the heart out of AF. During the procedure, Fred was briefly sedated to assure he remained comfortable.

“I really noticed a difference after that procedure because I have more energy now,” Fred says. “I have been with Dr. Acheatel for almost 15 years and have complete faith in him. Even though I was slightly anxious about the procedure, they made me feel comfortable. Everyone on my care team was so supportive.”

“AF requires life-long monitoring, even following special procedures such as cardioversion, to assure that the heart remains in normal sinus rhythm,” Dr. Acheatel says. “If AF returns, it is possible to repeat certain procedures and, increasingly, offer newer procedures, such as catheter ablation, with the goal of permanently restoring normal heart rhythm.” (continued)
Marvin Ruebel stays active by walking several miles a day.

Marvin was first diagnosed with AF 12 years ago and began taking medications to manage the arrhythmia.

“I didn’t like the side effects and talked to Dr. Acheatel about changing medications, which we did.” Marvin says. “A couple of years ago I was feeling so well, I told Dr. Acheatel that I wanted to stop taking all medication for AF.”

Three days later, Marvin experienced AF again, which sent him down to the Emergency Room. Dr. Acheatel recommended that he have catheter ablation, an interventional procedure that interrupts the abnormal electrical pathways that occur during AF.

Catheter ablation involves intravenously placing a catheter into the femoral vein in the groin and guiding it into the atrial chamber of the heart. Most patients who have catheter ablation achieve a long-term reduction in the number of episodes of arrhythmia and many have a permanent return to normal heart rhythm. This procedure will soon be available at the new electrophysiology lab at Palomar Medical Center.

“The new electrophysiology lab offers the most advanced mapping and ablation capabilities available, helping us perform catheter ablation safely and effectively,” Dr. Sawhney says. “We accurately position the catheter at the site of the arrhythmia and then deliver bursts of radio-frequency current to cauterize the area to create a small scar that disrupts the abnormal electrical signals.”

Marvin also recommends staying active. He walks about four miles daily and thinks that has helped build a stronger heart that beats regularly.

The Hospital of the Future opened last August, providing the new Palomar Medical Center with a 21st century design that houses the most advanced medical equipment available. The most prominent display of this state-of-the-art technology is centered in the cardiac catheterization laboratories where complex cardiovascular and neurological procedures are diagnosed and treated.

“The equipment in our cath labs is the best available today, making it possible to treat a wider range of complex cardiovascular conditions more safely and with greater efficiency,” says Mikhail Malek, M.D., a cardiovascular specialist who is board-certified in internal medicine, cardiology and interventional cardiology. He serves as medical director of the cardiac cath labs at Palomar Medical Center and the outpatient Cardiac Rehabilitation program at Palomar Health Downtown Campus.

The cardiac cath labs are where balloon angioplasty, pacemaker and bi-ventricular pacemaker implantation, implantable cardiac defibrillators (ICD) placement, stent placement, catheter ablation and other sophisticated cardiovascular procedures are performed by a multi-disciplinary team of specialists.

“In preparation for opening the new hospital, multiple specialists including cardiologists, cardiovascular surgeons, interventional radiologists, neurosurgeons, cardiothoracic surgeons and general surgeons started collaborating on newer technologies and procedures to assure that we can provide our patients with the very best expertise today and well into the future,” Dr. Malek says.

The rooms are spacious and designed to accommodate this team of experts and assure that new technologies can be incorporated as medical care continues to progress. Already, capabilities are advancing as one of the four cardiac cath labs has been adapted for specialized electrophysiology procedures.

“Our goal is to be able to serve the community well into the future with the addition of newer technologies that are proven effective for a range of medical conditions,” says Paul Patchen, R.N., FACHE, director of Cardiovascular Services for Palomar Health.
Escondido Cardiology Associates joins Arch Health Partners

Escondido Cardiology Associates (EcA), the leading cardiology medical group in North County, has affiliated with Arch Health Partners (AHP). Together, EcA and AHP will focus on enhancing state-of-the-art diagnosis, management and treatment of cardiovascular disease. One goal is to establish a cardiovascular center of excellence for Palomar Health.

“Escondido Cardiology Associates brings extensive expertise in cardiology and vascular medicine to our organization,” says AHP Executive Director Victoria Lister, FACHE. “We look forward to the expansion of our services and to be recognized as one of the finest cardiovascular programs in the county.”

“This new partnership enables EcA to focus even greater attention on delivering total patient care by accessing the business management resources of Arch Health Partners,” says Roger Acheatel, M.D. He has worked with Escondido Cardiology Associates since 1987 and serves as chief of staff at Pomerado Hospital. “We are looking forward to developing a more comprehensive cardiac program and recruiting world-class cardiologists to our community.”

Escondido Cardiology Associates has ten physicians who are board certified in cardiovascular disease, nuclear cardiology and interventional cardiology.

Electrophysiology Lab: New Technology, True Expertise

Electrophysiology – the advanced diagnosis and treatment of cardiac rhythm abnormalities – will be available at Palomar Medical Center in early 2013. The new electrophysiology (EP) lab will house the most advanced EP equipment on the market today.

EP studies are used to diagnose and treat irregular heart rhythms including supraventricular tachycardia, atrial flutter, ventricular tachycardia and atrial fibrillation. The studies use advanced imaging and catheter placement in the heart to measure, locate and treat abnormal electrical activity.

“EP mapping creates a picture of the heart’s structure with superimposed electrical activity, which is necessary to effectively treat irregular heart rhythms,” says Navinder Sawhney, M.D., a board-certified electrophysiology cardiologist who recently joined Escondido Cardiology Associates and Arch Health Partners. Dr. Sawhney is medical director of Palomar Medical Center’s new EP Lab.

The Carto 3 Navigation System will provide unparalleled views of the heart’s electrical activity using real-time data, presented in three dimensions on color-coded cardiac maps. It also integrates additional data from multiple imaging sources including fluoroscopy, intracardiac echocardiography and CT scans. During the studies, a magnetic field helps create a 3-D geometry of the heart and the data from these detailed images are integrated and displayed on a large screen where it is shared by everyone involved in the procedure.

“With this extensive data displayed in high resolution, I have greater confidence of knowing exactly where the catheter is at all times, which results in a safe, accurate procedure,” Dr. Sawhney says. “The new EP Lab demonstrates our commitment to being at the leading edge of providing advanced, comprehensive cardiovascular services right here in the community.”

Looking Ahead: Cardiac Valve Clinic

Plans are being developed to add a new cardiac valve clinic where patients who have heart murmurs and other heart valve disorders can be evaluated and treated in a coordinated, timely manner.

“We are adding some state-of-the-art equipment that will enable us to perform percutaneous transcatheater aortic valve implants and other advanced procedures for the first time in our service area,” Dr. Malek says. “We are committed to building a first-rate cardiovascular program with these comprehensive services.”

To learn more about cardiovascular services at Palomar Health, call 800.628.2880 or visit www.PalomarHealth.org/heart.

For a physician referral, or to register for a class, call The HealthSource at 800.628.2880.
A mile into her routine run, the Ramona resident felt something “really different.” She described it as a “very centered, deep chest pain.” Emily admits, “I didn’t think it was a heart thing.” She figured she’d pulled a chest muscle moving boxes days earlier. No big deal.

During a subsequent workout, not only did the chest pain return, but it was accompanied by an “odd feeling” in both arms. “This isn’t right,” she thought. So the next day, Emily headed to the Urgent Care at Arch Health Partners in Poway to get checked out. Good decision. Within hours, Emily learned what she was experiencing was indeed a “heart thing.”

While a breast cancer diagnosis can be terrifying, heart disease is actually the number one killer of women ... more deadly, in fact, than all forms of cancer combined. Thankfully, Emily did not become a statistic. And she owes that fact to her own action and the prompt, professional care she received at Palomar Health.

It wasn’t an easy diagnosis, which is often the case in women, but a couple of irregularities on her EKG (electrocardiogram) was enough to alert the attention of cardiologist Bill Joswig, M.D., who ordered a stress test at Pomerado Hospital. This test confirmed there was a problem and Emily was whisked to the new Palomar Medical Center (PMC) for an angiogram in the facility’s state-of-the-art cardiac catheterization lab.

Emily’s symptoms were the first indication of a serious problem. By the time she arrived at PMC, she was a ticking time bomb. Emily’s left anterior descending artery (LAD) was 95 percent blocked. That’s the scenario that often leads to a deadly outcome known as the “widow maker.”

Because of quick action by her doctors and access to the latest technology and skilled staff in PMC’s cath lab, Emily not only avoided a fatal heart attack, but open-heart surgery as well. During her procedure, cardiologist Mikhail Malek, M.D., re-opened Emily’s blocked artery and placed a coronary stent – a small mesh tube that is used to help prop the artery open and decrease the chance of it narrowing again. Today, she’s not only back at work, she’s symptom-free and training for a half Ironman later this year!

I love happy endings, but that’s not always how this story goes. According to the American Heart Association, heart disease kills an average of one woman every minute. But making the diagnosis can be a challenge, as Emily experienced, because women’s symptoms often differ from those in men.

As manager of PMC’s cath lab, Nancy Islas, R.N., can attest to the fact that women are more likely to experience subtle and vague symptoms. “I see women with acute fatigue, weakness, indigestion, upper back pain and abdominal pain,” says Islas. “Even hot flashes can be symptomatic of heart disease.”

Emily credits her return to health to Palomar Health’s caring, competent staff and cutting edge technology. Whether it’s 3-D imaging or intravascular ultrasound, Islas explains that all of the diagnostic tools are incorporated for quick and easy access. “We have an expression,” says Islas. “Time is muscle. Our goal is to get that artery opened up. Once the heart muscle is dead, it’s too late.”

We women can all learn from Emily’s experience about the need to be vigilant when it comes to our health. As a breast cancer patient, I believe we all need to “think pink” in the fight against a disease that kills one in 31 women. But now that I know more about the disease that takes the lives of one in three women, I also plan to “Go Red” this February, heart month, in the fight against heart disease.

Ladies (and gentlemen), the take-away from Emily’s story is clear. Listen to your body. If you know something’s “not right,” don’t risk becoming a statistic. Get checked out. – Carol LeBeau
Focus on Heart ❤ Health

Daniel Mulvihill, M.D.
Cardiologist
Coronary Artery Disease

Navinder Sawhney, M.D.
Cardiologist/Electrophysiologist
Heart Rhythm Disorders

Rod Serry, M.D.
Cardiologist
Peripheral Vascular Disease

Did you know that heart disease is the leading cause of death for both men and women in the United States? Some people are at higher risk than others, but it can, and does, happen … to anyone. Yes, even you. So, what are you going to do about it?

This Valentine’s season – learn to love your heart. Join Palomar Health board-certified cardiologists and host Carol LeBeau for a powerful education experience designed to help you and your loved ones get “heart smart” and beat the odds against cardiovascular disease. From coronary artery disease, to heart rhythm disorders and peripheral vascular disease, you’ll learn about some of the most prevalent and talked about topics in heart care from some of the region’s leading experts.

Enjoy a heart-healthy dinner, take advantage of free on-site blood pressure, blood glucose and body composition screenings, and receive a certificate for a FREE lipid panel (cholesterol) screening at your area Palomar Health ExpressCare location. Space is limited. Register today!

TUESDAY
FEBRUARY 12, 2013
5 – 8:30 p.m.

VINTANA
(Penthouse Level, Lexus Centre of Escondido)
1205 Auto Park Way
Escondido, CA

FEE: $40 / person

To register, or for more information, call The HealthSource at 800.628.2880 or visit www.PalomarHealth.org/classes.

Q&A

Emily Taylor, 48, had the shock of her life last August. But because she listened to her body and took action, Emily survived what could have been a fatal heart attack.

Carol: As a health-conscious athlete, you certainly don’t fit the “profile” for heart disease.

Emily: It’s true … I eat well and my cholesterol is low. I love all sports. I’ve played softball since I was nine and still play today. I also love triathlons.

Carol: A softball player … and a triathlete?

Emily: I started doing triathlons three years ago. My goal was to “complete” not to “compete.” I started with shorter distances and have now completed two half Ironman events.

Carol: Wasn’t it on a training run that your first heart symptom appeared?

Emily: Yes. I felt chest pain – not pain down my arm, but it felt different. I didn’t think it was my heart. But the symptoms continued with every workout, so I decided to get checked out.

Carol: You went to the Urgent Care at Arch Health Partners?

Emily: I was sure they wouldn’t find anything. Next thing I know, I’m having a stress test at Pomerado Hospital and then being transported to Palomar Medical Center for an angiogram.

Carol: What was that like?

Emily: I was awake for the procedure. I remember looking up at the monitor and seeing a part of my artery that looked “pinched.” Dr. Malek told me the dye wasn’t getting through because my artery was 95 percent blocked! I asked him if he could fix it.

Carol: It must have been “fix-able!”

Emily: Yes. Dr. Malek put a stent in my artery. Everyone did a great job! I had excellent care.

Carol: How has your life changed?

Emily: Well, to prevent another blockage, I take a baby aspirin and a statin drug every day. And, now I’m more determined than ever to complete another half Ironman and a full Ironman in 2014!

Carol: You go, girl! Any advice for women concerned about a heart event?

Emily: It’s not always the “elephant on your chest” you hear about. If you have strange symptoms, don’t wait. I wish I’d gone in sooner. An EKG takes only minutes.

Carol: Now you can train to your heart’s content!

Emily: And be there to watch my six-month-old grandson, Arden, grow up!
Sweet Dreams...

They Can Be Yours Again.

Having trouble catching enough Z’s? You’re not alone. An estimated 40 million people in the U.S. have a chronic sleep disorder. The good news is that you’re not without help. The Sleep Lab at Palomar Health Downtown Campus provides prompt evaluation of various sleep difficulties and can help put you on the path to sweet dreams again.

“Sleep disorders are very common and almost everyone will experience episodic disturbances that affect the quality or quantity of sleep required to function well during waking hours,” says Anoop Karippot, M.D., a board-certified psychiatrist and sleep specialist who was recently appointed as medical director of Palomar Health’s Sleep Lab. “The health benefits of sound sleep are well known. Sleep is necessary for the body to recharge, much like backing up your computer. During sleep, not only are hormones released to help the body recover from the stresses of the day, this is when learning and memory are consolidated.”

“When sleep deprivation becomes chronic, it’s helpful to be evaluated because sound sleeping is essential to overall good health,” he says.

The two most common forms of sleep disorders are obstructive sleep apnea, a potentially life-threatening condition that occurs when breathing is interrupted during sleep, and insomnia, which is the inability to fall asleep or stay asleep as long as desired.

Being overweight or obese is a risk factor for developing sleep apnea, which is marked by snoring, interrupted by a lapse in breathing pattern. This can be repeated numerous times each night, disrupting sound sleep and causing the individual to wake up feeling drowsy. Often, a spouse or partner recognizes the problem first.

Left untreated, sleep apnea can contribute to a host of other medical conditions including high blood pressure, cardiovascular disease and memory loss. It may also be responsible for poor job performance and vehicular accidents.

Insomnia may result from a variety of situations including environmental factors (noise or room temperature); anxiety or depression; certain medicines and medical conditions; or poor sleep habits (exercising late at night or watching TV in bed).

“There are several other sleep disorders that are not as well known yet which cause disturbances at night,” Dr. Karippot says. “As a sleep medicine specialist, I meet with each patient individually and ask specific questions to get to the root cause of their sleep disturbance, whether it’s medical or psychological in nature.”

If obstructive sleep apnea is suspected, the patient is referred for an overnight study in the Sleep Lab. This comprehensive study involves sleeping in a quiet, private room while a technician remotely monitors sleep pattern, brain wave activity, breathing, heart rate, eye movement, muscle tension in the face, snoring and leg movement.

“We gather a wealth of information that is integrated into a comprehensive medical report for the referring physician to review with the patient,” says Toni Flemmer, RPSGT, lead sleep technician. “Our goal is to provide a comfortable environment to obtain a thorough and accurate evaluation of the sleep disorder.”

If obstructive sleep apnea is confirmed, sleep technicians teach the patient how to use the CPAP (continuous positive airway pressure) mask that is worn while sleeping to help regulate breathing, thereby assuring a restful night’s sleep.

“If we determine that insomnia is the culprit, it’s important to drill down to what is causing it,” Dr. Karippot says. “Once the cause is determined, we formulate an appropriate treatment plan that may include changes to reduce environmental causes, a referral for counseling or medication management for anxiety or depression.”

“Due to the success we have had in evaluating and treating patients with sleep disorders, our Sleep Lab is growing and we plan to add two beds to the unit within the next year. We are committed to helping patients achieve better sleep and improved function,” Dr. Karippot says.

To learn more about the Sleep Lab at Palomar Health Downtown Campus, call 800.628.2880 or visit www.PalomarHealth.org/sleep.

Tired of Being Tired?

Palomar Health Downtown Campus, Graybill Auditorium
Monday, February 4 6 – 7:30 p.m.

Many adults have trouble sleeping at some time in their lives. Join Anoop Karippot, M.D., as he discusses the warning signs and treatment options for sleep disorders. To register, call The HealthSource at 800.628.2880 or visit www.PalomarHealth.org/classes.

FEE: Free – registration required
In partnership with OASIS, a national education organization dedicated to enriching the lives of mature adults, Palomar Health is offering a wide variety of health classes January – April. See this issue of Prevention Plus (centerfold) for more classes designed for all ages.

To register for classes, call OASIS at 760.796.6020. The fee to attend is $5/participant unless otherwise noted.

**Good Fats, Bad Fats – Controlling Cholesterol**

OASIS – Escondido  
Thursday, January 24  
2 – 3:30 p.m.  

When it comes to cholesterol, knowing your numbers and how to improve them is a key to good health. Join Luanne Arangio-Law, R.N., M.Ed., as she explores the pitfalls of “bad” cholesterol (LDL) and the benefits of “good” cholesterol (HDL).

**Living with Congestive Heart Failure**

OASIS – Escondido  
Thursday, February 14  
10 – 11:30 a.m.  

Heart failure is a serious long-term condition, but you can live a full and enjoyable life with the right treatment and active attention to your lifestyle. Cardiologist Robert Stein, M.D., will discuss the importance of following your doctor’s recommendations and lifestyle adjustments.

**Atrial Fibrillation**

OASIS – Poway  
Wednesday, February 20  
1 – 2:30 p.m.  

Atrial fibrillation is the most common cardiac arrhythmia and involves the two upper chambers of the heart. Join former cardiac nurse Luanne Arangio-Law, R.N., M.Ed., as she discusses signs and symptoms, diagnosis, causes, management and prognosis of atrial fibrillation.

**Diabetes & Cardiovascular Disease: What’s the Link?**

OASIS – Escondido  
Wednesday, February 27  
10 – 11:30 a.m.  

People with diabetes have a higher-than-average risk of having a heart attack or stroke. Join Halle Elbling, RD, CDE, as she discusses taking care of your diabetes, the conditions that come with it and how you can help lower your chances of heart disease.

**Integrative Gastroenterology**

OASIS – Poway  
Tuesday, March 5  
Noon – 1:30 p.m.  

Integrative gastroenterology (GI) is a holistic approach to the management of intestinal symptoms that blends traditional medicine with evidence-based therapies. Join Alan Larson, M.D., as he discusses this alternative approach to GI treatment.

**Diet, Nutrition & Cancer Prevention**

OASIS – Escondido  
Thursday, March 14  
10 – 11:30 a.m.  

Diet composition and choices appear to have more influence on cancer than food additives, industrial chemicals and pollution. Halle Elbling, RD, CDE will discuss making the best food choices to optimize your health.

**The 10 Signs of Dementia**

OASIS – Escondido  
Wednesday, April 24  
1 – 2:30 p.m.  

Holly Pobst of the Alzheimer’s Association will discuss the warning signs of dementia and how they are different from normal aging.

**Common Blood Tests & What They Mean**

OASIS – Poway  
Tuesday, April 30  
1 – 2:30 p.m.  

Join Luanne Arangio-Law, R.N., M.Ed., as she explains common blood tests and what they mean in lay person’s terms.

**Get Fit and Stay Strong**

OASIS – Redwood Town Ct., 500 E. Valley Pkwy., Escondido  
Mondays & Thursdays  
12:30 – 1:30 p.m.  

This fitness class uses bands, weights and a stability ball to increase bone density, core strength, endurance and balance.

- **Jan. 14 – Jan. 31**: FEE: $25 for 5 classes  
- **Feb. 4 – Feb. 28**: FEE: $40 for 8 classes  
- **Mar. 4 – 28**: FEE: $40 for 8 classes  
- **Apr. 1 – 29**: FEE: $45 for 9 classes  

**Chair Fitness**

OASIS – Joslyn Senior Center, 210 E. Park Ave., Escondido  
Wednesdays  
12:30 – 1:30 p.m.  

Chair exercises increase strength, vitality and balance. They create movement, stretching and increase heart rate – perfect for anyone who has trouble standing for long periods of time.

- **Jan. 16 – 30**: FEE: $15 for 3 classes  
- **Feb. 6 – 27**: FEE: $20 for 4 classes  
- **Mar. 6 – 27**: FEE: $20 for 4 classes  
- **Apr. 3 – 24**: FEE: $20 for 4 classes
Escondido resident and tennis enthusiast Ron Miller is back on the court following double knee replacement surgery at Pomerado Hospital.

“I surprised myself when I decided to replace both knees at the same time,” says Ron Miller, a self-described vigorous tennis player for more than 60 years. “But it was perfect and everything worked out well. Two weeks after surgery, I was walking the hills near my Escondido home. And better yet, I was back on the tennis court within six months.”

Total joint replacement surgery – knee, hip and shoulder – has steadily improved over the years, thanks to improvements in the biomaterials used for the implants and less invasive surgical techniques. Together, these advancements have helped speed up recovery while reducing post-operative discomfort and extending the lifetime use of the implants.

“When joint replacement surgery is performed by an experienced team with a history of good results, patients can expect their implant to perform well for 20 years or more,” says James Bried, M.D., a board-certified orthopedic surgeon with Arch Health Partners. “Today, we can show that 90 to 95 percent of our patients have good or excellent results over the long term. We hope this experience continues to improve with better implants and further advancements in surgical techniques.”

“Our goals for joint replacement surgery are to relieve pain and help patients recover quickly, being able to resume activities they enjoyed before joint disease interrupted that ability,” says Deb Mays, R.N., CNOR, orthopedic clinical coordinator. “We follow evidence-based clinical standards that begin with a patient education class before surgery, which includes goals for joint movement, pain management and timely hospital discharge.”

Mays brings extensive orthopedic nursing experience to her role as a patient liaison. She works with patients throughout their care, ensuring that patients and their loved ones are informed and that services are coordinated and timely.

LOTS OF MILES ON THE KNEES

Tennis has been a major part of Ron’s life since he played his first match at age 12. As a young adult, he competed in tournaments. Through the years, Ron continued to enjoy a friendly match every Saturday even as his knees began to ache and swell in protest.

“I've put a lot of miles on my knees, both on the tennis court and throughout Rancho Bernardo where I used to run every evening after work,” Ron says. “A few years ago, my knees would be really sore for a few days after playing tennis. It got to where I would resist walking with my wife, which is something we really enjoy doing several times a week.”

An appointment with Dr. Bried confirmed that both knees had deteriorated due to osteoarthritis, caused by the wear and tear of aging. The cushioning cartilage had worn out, resulting in bone-on-bone contact that causes pain and stiffness.

“I trusted Dr. Bried because he had been my orthopedic surgeon for other issues over the years and I knew that he is very experienced with joint replacement,” Ron says. “When he told me that both knees needed replacements, I started thinking that maybe I should do both at once, rather than go through one recovery and then have to start that all over again.”

While still relatively uncommon, bilateral joint replacement may be recommended for healthy patients who prefer to minimize exposure to anesthesia and want to avoid a second rehabilitation period. Ron’s knee replacement surgery was performed at Pomerado Hospital 18 months ago. His Orthopedic Care Team started rehabilitation soon after surgery to begin the healing process. After three days in the hospital, Ron went home where he continued physical therapy. Three weeks later, he headed to the gym where he continued strengthening his knees by spinning on a stationary bike for an hour several times a week.

“It was hard to do the stretching exercises right after surgery, but I tried my best because I knew it would help me get back to tennis and other activities more quickly,” Ron says. “I think the key is choosing a really good surgeon who has a really good record of doing a lot of knee replacement surgery.”

“We have a long track record of success with joint replacement surgery that comes from performing a high volume of procedures,” Dr. Bried says. “We are always striving for perfection and when we meet that goal, the patient recovers faster and is very satisfied with their quality of life. This also results in managing costs more efficiently, by preventing complications and the need for re-admission.”
In November, Pomerado Hospital opened an eight-bed unit on the second floor specifically for orthopedic surgery patients. These private rooms have been newly refurbished and are equipped with monitors that track vital signs and other specialized orthopedic equipment.

A new physical therapy gym has also been added, providing patients with nearby access to rehabilitation services and exercise equipment.

“We are making progress toward our goal of becoming a world-class Orthopedic Institute,” Dr. Bried says. “This new orthopedic unit is just one example of what can result from the combined resources of Palomar Health, Arch Health Partners, orthopedic surgeons and the entire Orthopedic Care Team. By working together, we are able to achieve the highest quality of care for our community.”

To learn more about the Orthopedic Institute at Palomar Health, call 800.628.2880 or visit www.PalomarHealth.org/ortho.

Lift tickets, skis, snowboard, gloves, hat... if your winter vacation checklist ends there, you’re not fully prepared for a safe winter sports getaway. Take it from K.C. Owsley, M.D., a board-certified orthopedic surgeon and sports medicine specialist with Arch Health Partners. He is a member of the U.S. Ski and Snowboard Association and recently accompanied the teams to the X Games in the French Alps.

“Enjoying the thrill of skiing and snowboarding to the fullest starts with being physically conditioned and pacing yourself,” Dr. Owsley says. “Most injuries, like anterior cruciate ligament (ACL) tears or shoulder separations, occur on the last run, when winter sports enthusiasts are tired.”

Before you hit the slopes this winter, Dr. Owsley recommends:

Cross Train – Amp up your aerobic exercise to 30 minutes, five days a week. At the same time, work on strengthening and increasing your flexibility and balance.

Stay Hydrated – It’s easy to forget water when you’re traversing down a slope. According to Dr. Owsley, you should drink half your body weight in fluid ounces each day. If you weigh 150 pounds, that equates to consuming about two quarts of water.

Sun Protection – Wearing sunscreen is a necessity at high altitudes, when you are surrounded by reflective white powder. Use a broad-spectrum, high SPF sunscreen. Protect your eyes from sun damage by wearing polarized goggles with UV (ultra-violet) filters.

Equipment Fitness – Make sure all equipment is well maintained and fits properly. This is especially important for children, who can be injured by wearing boots that are too big or goggles that don’t fit snugly. 

For a physician referral, or to register for a class, call The HealthSource at 800.628.2880.
SEASONAL SPECIALS

JANUARY: Kick the Habit
Commit to quit smoking this New Year! Let PALOMAR HEALTH expresscare help. Our smoking cessation package is just $125 and includes a workbook and five visits with a nurse practitioner.

FEBRUARY: Love Your Heart
In recognition of American Heart Month, get heart smart with free and discounted screenings at PALOMAR HEALTH expresscare. Stop in for a complimentary blood pressure screening or a $10 cholesterol screening.

MARCH: "B" Well
PALOMAR HEALTH expresscare wants you to "B" well with a B12 injection to boost your mood and your immune system. Get a B12 injection for only $19 in March.

APRIL: Stay Safe
April is National Youth Sports Safety Month. Visit any PALOMAR HEALTH expresscare location for a free Body Mass Index (BMI) screening, and take advantage of a spring sports physical for just $30.

Learn more at www.PalomarHealth.org/expresscare and download a $10 coupon to use toward any sick visit at expresscare.

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Located inside select Albertsons/Sav-on Pharmacy stores, PALOMAR HEALTH expresscare walk-in health centers offer convenient, affordable care for minor illnesses and injuries to patients two years and older. Certified family nurse practitioners provide treatment for:

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Escondido, CA 92027

Temecula
30530 Rancho California Rd.
Temecula, CA 92591

San Elijo Hills
1571 San Elijo Rd. South
San Marcos, CA 92078

For more information, call 888.738.2452.
When I told my mother that I needed a hysterectomy, she told me I would need to take six weeks off work. I can’t afford that. Isn’t there another option?

One of the primary reasons a hysterectomy may be recommended is abnormal menstrual bleeding. This bleeding may indicate fibroids, which are benign growths of the wall of the uterus. Another more serious cause of abnormal bleeding is uterine or endometrial cancer. If untreated, this blood loss can result in complications including anemia or cardiovascular stress.

If you experience heavy, irregular bleeding and clots, a thorough evaluation by your gynecologist is recommended. This evaluation includes a pelvic exam, basic blood work to determine if you are anemic because of blood loss, and a pelvic ultrasound. Once the cause of your abnormal bleeding is confirmed, your doctor will discuss appropriate treatment options which may include a hysterectomy.

The da Vinci® HD Robotic Surgical System at Palomar Health offers tremendous technical advantages including three-dimensional magnification of the pelvic area along with improved flexibility and ergonomics for the surgeon.

Robotic surgery is used for a variety of gynecologic procedures including hysterectomies, infertility treatments, ovarian cyst removal and to reverse tubal ligations. It is becoming more common as patients and their physicians learn about the technical advantages. To learn more, visit www.PalomarHealth.org/daVinci.

Minimally Invasive Options for Women
Palomar Health Downtown Campus, Graybill Auditorium
Tuesday, April 2 6 – 7:30 p.m.
Minimally invasive options for gynecological surgery have grown rapidly over the past few years providing faster recovery time, reduced pain and less blood loss. Join Anuradha Rode, M.D., OB/GYN, as she discusses appropriate options for any woman.
FEE: Free – registration required

Robotic Hysterectomy Means Faster Recovery
Anuradha Rode, M.D., FACOG
Board-Certified Obstetrician/Gynecologist
North County Women’s Specialists

I’ve heard people who have had a stroke are at risk for seizures, but I’m afraid I’ll miss the signs. What should I watch for in my elderly mom?

Seizures are known to occur in people who have had a brain injury from a stroke or other traumatic event.

As the brain heals following a stroke, it tries to make new connections in the area that was affected by the stroke. Sometimes these new connections form abnormal loops that can manifest into seizure activity that is localized to one area. Although seizures may remain localized, they can also spread or generalize involving the whole brain, also known as grand mal seizures.

Seizures manifest in many ways, with convulsive movement being the most widely known sign. Another little known sign of seizure is when someone is unresponsive as if deep in thought or daydreaming.

Being watchful can help identify a possible seizure early for timely and appropriate medical attention. If your mother appears unresponsive for a prolonged period of time, or if you suspect she has had multiple seizures in a day, it would be wise to take her to the hospital for an evaluation.

Seizures can do significant damage to the brain, causing loss of neurological abilities in addition to structural deterioration. Of course, not all seizures are the result of a stroke and not all stroke patients will develop subsequent seizures. A thorough medical evaluation is needed to determine the underlying cause before definitive treatment can be recommended.

Once the underlying cause is determined, we can take appropriate steps to help control seizures with prescribed medications. In some cases, an implantable device – vagus nerve stimulator – may be recommended to control frequently recurring seizures, such as with epilepsy.

Easing Epilepsy
Palomar Health Downtown Campus, Graybill Auditorium
Tuesday, March 12 6 – 7:30 p.m.
Epilepsy is a seizure disorder that may affect a variety of mental and physical functions. Neurologist Aziz Ander, M.D., will discuss risk factors, symptoms, diagnosis, treatment options and lifestyle adjustments to best cope with this condition.
FEE: Free – registration required
Ouch! Neck pain can be subtle and hover in the background for hours. Or, it can scream out by sending pinching, pulsing signals down your arm or across your shoulders.

The human neck performs a massive workout each day, so it’s no wonder that it occasionally talks back with symptoms ranging from stiffness and tingling sensations to numbness and excruciating pain.

“We typically don’t pay a lot of attention to our neck as it rotates from side to side and back and forth hundreds of times each day,” says Mark Stern, M.D., a board-certified neurosurgeon. “But neck pain can interfere with the ability to enjoy activities or perform work tasks. Fortunately, Palomar Health offers comprehensive care including non-surgical therapies, as well as advanced, minimally invasive surgical procedures that restore function and relieve pain.” (Please see related article on page 17.)

Neck pain typically radiates from the cervical spine, which consists of seven interlocking vertebrae discs plus a multitude of nerves and ligaments. These cervical joints are impacted by aging, muscle strain from improper posture or overuse, injuries like whiplash, and even stress loading resulting from being overweight or obese.

“With so many potential causes of neck pain, an accurate diagnosis is imperative to designing an effective treatment plan,” says Timothy Chong, M.D., a board-certified physical medicine specialist with Palomar Health’s ActivCentre. As a physical medicine and rehabilitation specialist, he specializes in treating nerve, muscle and bone injuries to maximize function.

Diagnosing the underlying cause of neck pain starts with a thorough physical exam and discussion of symptoms. Diagnostic tests may include X-ray or MRI, along with an EMG (electromyography) exam that helps physicians pinpoint where the pain generates.

The ActivCentre provides a comprehensive strategy for effectively treating neck pain. A nurse navigator serves as a personal advocate for each patient, coordinating timely appointments for advanced diagnostic tests and treatment. She also ensures that the care team communicates clearly and effectively with each other and the patient to achieve the best possible results.

In addition to advanced surgical procedures, the ActivCentre offers conservative non-surgical services including medical and pain management, outpatient rehabilitation for core strengthening and flexibility training, spinal injections, massage therapy and acupuncture.

“Rehabilitation therapy focuses on each patient and the activities they want to be able to do again,” says Jonathan Pe, DPT, COMT, outpatient rehabilitation supervisor. “That may be delivering the mail or bending over to pick up a grandchild. We dedicate our services to helping them resume those activities without pain and with improved function.”

“We see neck pain from a myriad of causes including improper posture, overuse, acute injury and degenerative disease” Dr. Chong says. “In addition to providing comprehensive targeted therapies to reduce pain, we also focus on prevention and teach patients proper body mechanics to minimize ongoing injury such as posture education or lifting ergonomics. Our emphasis on patient education has been effective in favorably altering patterns that have contributed to the current state of disease; which translates into patients that significantly improve and are often able to avoid recurring pain in the future.”

Located in the Pomerado Outpatient Pavilion in Poway, the ActivCentre offers access to a multi-disciplinary care team that includes neurosurgeons, orthopedic spine surgeons, neurologists, interventional radiologists, pain management specialists, physiatrists, psychiatrists, integrative medicine specialists (acupuncturists, massage therapists, dietitians), and rehabilitation specialists (physical therapists and occupational therapists). To learn more, visit www.PalomarHealth.org/activcentre.
When it comes to surgical options for treating degenerative disc disease, patients have more choices today. In addition to traditional disc removal plus fusion, surgeons at Palomar Health are now performing cervical disc replacement.

“Anterior discectomy with fusion remains the gold standard because the frontal approach allows surgeons to work through natural muscle planes to reach the damaged cervical disc,” says Paul D. Kim, M.D., a board-certified orthopedic spine surgeon. “The surgeon removes the disc and bone spurs to relieve pressure on the spinal cord. The resulting gap is filled with a bone graft or synthetic cage that must be solidly fused to the adjacent discs to provide long-term stability.”

While the fusion heals, the patient typically wears a cervical collar for several weeks. Once the fusion is completed, rehabilitation therapy is recommended to strengthen the neck and restore flexibility.

Cervical Disc Replacement: A First-Hand Account

When debilitating neck pain interfered with Fred Lerma’s job performance and quality of life, he met with Dr. Stern to discuss treatment options.

“My whole life was affected by neck pain – I couldn’t sleep ... I couldn’t work effectively,” Fred says. “It didn’t go away with medication or physical therapy. Nothing helped until I saw Dr. Stern and he confirmed that I had a herniated cervical disc that could be corrected surgically.”

“Dr. Stern carefully explained disc removal and fusion, but also told me he was participating in a clinical study to evaluate the effectiveness of cervical disc replacement,” Fred says. “I was immediately interested in this newer procedure because I understood that it doesn’t put added stress on the discs above and below in the way fusion does. That just seemed better to me for the long term.”

After talking with patients across the nation who had already had cervical disc replacement, Fred became convinced this was the right procedure. He became the first patient at Palomar Medical Center to have cervical disc replacement in 2010.

“Cervical disc replacement has been performed for more than 30 years in France and England, and about 10 years in the United States,” Dr. Stern says. “Advancements in surgical technology and the biomaterials used for a permanent implant have made this procedure possible. While cervical disc implants are similar to replacement joints used in hip or knee replacement, they must be smaller and able to move in more directions over a lifetime.”

Cervical disc replacement is a minimally invasive surgical procedure that uses fluoroscopic imaging to assure that the implant is accurately positioned and secured. Dr. Stern makes a small incision in the front of the neck and inserts small instruments that remove the damaged disc and file off bone spurs before shaping the area for accurate placement of the implant.

“I was home two days after surgery and I noticed immediate pain relief,” Fred says. “My voice was hoarse for a while, but that was the only side effect from surgery.”

Fred returned to work as an ocular technician a week after surgery.

“I don’t have any pain and I can do all the things I enjoyed before, including work, playing golf and kayaking,” Fred says. “I work in the medical field and know about great care. I tell everyone it’s important to do your research and find a surgeon who is experienced and who you can trust to do the best for you.”
The first step to receiving care in the new world-class Palomar Medical center, or any Palomar Health facility, is choosing a Palomar Health affiliated physician. Just call the healthSource at 800.628.2880, and one of our friendly representatives will help you to select the doctor who best fits your needs.

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Although very few breast cancer patients have a genetic or inherited link, genetic testing has increasingly helped guide treatment options and reduced the risk of future cancer recurrences in patients and their families.

“Genetic counseling is a very individualized service that enhances our comprehensive breast health services,” says Elizabeth Revesz, M.D., a fellowship-trained breast surgeon. “What we learn through genetic testing can help develop a targeted treatment plan with the goal of eradicating cancer and preventing a recurrence.”

Palomar Health offers genetic testing and counseling at the Jean McLaughlin Women’s Center for Health and Healing in Poway, next to Pomerado Hospital. Cheryl Cina, LCGC, a board-certified genetic counselor, meets with breast cancer patients who have a personal or family history that may have a genetic link, ideally prior to their surgery. This includes women diagnosed under the age of 50 and who have close family members with cancer. Certain ethnic groups, such as Jewish people from Eastern Europe, have also been known to show a genetic link and would benefit from genetic counseling as well.

“Typically, I meet the patient after her diagnosis and before surgery, to discuss what information can be learned from genetic testing,” Cina says. “We look at the comprehensive family medical history from both parents and discuss other known risk factors to decide together if they would benefit from genetic counseling.”

Genetic testing determines if there is a mutation of the BRCA-1 or BRCA-2 genes that help fight against tumors. The test involves either a blood or saliva sample, with results sent to the oncologist, surgeon and genetic counselor for review in approximately two weeks.

“When we have the results, I meet with the patient again to discuss the findings,” Cina says. “If a mutation is identified, we talk about her increased risk of an ovarian cancer and a second breast cancer in the future. I also discuss how this information may influence treatment choices and affect other family members, and recommend she meet with her doctors to discuss options.”

Depending on the gene mutation, treatment options may differ. For example, BRCA-1 gene mutations indicate the breast cancer is less likely to be estrogen receptor-positive, which means you may not be a candidate for hormonal therapy treatment after surgery. However, mutations of the BRCA-2 gene mean you are more likely to be a candidate for hormonal therapy.

Women with BRCA abnormalities are at greater risk of developing breast and/or ovarian cancer. However, the risk does not only lie in women. Men with a BRCA mutation are at greater risk of developing male breast or prostate cancer. Both may be linked to passing the mutation on to children.

“I typically meet the patient after her diagnosis and before surgery, to discuss what information can be learned from genetic testing,” Cina says. “When a mutation is identified, I recommend the patient talk with their family members, who may also be at higher risk of developing cancer,” Cina says. “Our goal is to help patients understand their personal risk and apply the information to comprehensive care for treating cancer or reducing the risk of future cancer not only for them, but their close family members as well.”

Physician referral is needed for genetic testing and insurance typically covers the cost. For more information about genetic testing and comprehensive breast cancer care, please visit, www.PalomarHealth.org/women.

The role of Genetics in Breast Cancer
Pomerado Outpatient Pavilion, Education Classroom
Thursday, February 21 6 – 7:30 p.m.

Approximately 5–10 percent of breast cancers are caused by an inherited tendency to develop these diseases. Join Elizabeth Revesz, M.D., and genetics counselor Cheryl Cina, LCGC, to learn more about hereditary breast and ovarian cancer, genetic testing and options for women who test positive for the BRCA gene mutation.

FEE: Free – registration required
Achieving a healthy weight is a constant struggle for millions of Americans. And for many, the goal isn’t just about improving appearance – it’s about preserving life. Obesity is often accompanied by potentially life-threatening health conditions such as high blood pressure, high cholesterol, uncontrolled type 2 diabetes and even chronic obstructive sleep apnea.

If you or someone you love is at least 85 pounds overweight and struggling with weight-related complications, consider bariatric surgery at Pomerado Hospital. Our weight loss surgery program has helped thousands of people achieve a healthy body and spirit – often eliminating the need for multiple medications, and adding years back to life. So, tip the scales in your favor this year, and give others less of you to love.

Bill Sears has done a lot of living in his 68 years. He served as a Navy helicopter pilot, worked in the defense industry, taught school, raised a son and daughter with his wife, Meli, and is now actively involved with Kiwanis Club and Boy Scouts of America.

But Bill’s love of life – and indeed his very life – was being threatened by a number of medical conditions, caused primarily by obesity. When his doctor told him he would have to lose weight before those diseases got the best of him, Bill turned to Charles Callery, M.D., a board-certified surgeon and medical director of the Bariatric Surgery Center of Excellence at Pomerado Hospital, for help. A year ago, he joined a growing number of patients choosing bariatric weight loss surgery as an effective way to treat type 2 diabetes and its related conditions.

“I was taking several different medications for type 2 diabetes and high blood pressure, yet I still had trouble controlling both,” Bill explains. “The worst was the loss of sleep from obstructive sleep apnea. Sleep apnea put me into multiple cardiac arrests and near death hospitalizations. That’s when my primary care doctor told me my life depended on losing weight.”

Bill attended a patient education seminar led by Dr. Callery to learn about surgical weight loss options. When asked what his goal was for losing weight, Bill didn’t respond in pounds. instead, he said, “My goal is having 10 more years with my grandkids.” Dr. Callery smiled and replied, “That’s a pretty good goal.”

After reviewing his bariatric surgical options with Dr. Callery, Bill had the Roux-en-Y gastric bypass procedure in January 2012. In six months, he lost more than 110 pounds, dropping from 278 to 165 pounds. And, the health benefits are mounting. Bill’s blood sugar is within the normal range so he no longer takes diabetes medication. His blood pressure has dropped and he is being transitioned off that medication. His cholesterol is now normal. And, he’s using CPAP to control his sleep disorders. (See related article on page 10 to learn more about solutions for sleep disorders.)

“There’s no question this procedure saved my life,” says Bill. “I’ve learned to make some lifestyle adjustments – thanks to the support I received from family, friends and the support groups I attend. For example, we love to eat out with friends, and when we go out to dinner now I either have a soup or salad, or I order off the appetizer or kids’ menu and take half of it home.”

“Overall, I feel so much better,” he explains. “My energy levels have been greatly improved. My outlook on life is totally optimistic. People tell me I look better and I’ve even had a complete change of wardrobe. That’s probably nice for Meli too!”

Healthy Transformations after Weight Loss Surgery

Less to LOVE

Roux-en-Y Gastric Bypass
There is renewed interest in gastric bypass surgery as a metabolic operation to effectively control glucose in morbidly obese patients with type 2 diabetes. Last year, The New England Journal of Medicine reported results of a randomized, controlled study of this population. The study concluded that those who received medical therapy plus bariatric surgery had significantly better glycemic control at 12 months than those who received medical therapy alone.

Though the metabolic changes that occur with bariatric surgery are not yet clear, one theory suggests that surgery somehow alters hormones in the digestive system that result in significant changes, often within days of surgery.

“We know that gastric bypass or sleeve gastrectomy surgery has a dramatic effect on diabetes,” Dr. Callery says. “We’ve seen tremendous metabolic changes following these procedures that result in rolling back some of the complications from diabetes, such as improving blood sugars and kidney function along with cardiac and eye health.”

Dr. Callery says that endocrinologists and primary care physicians increasingly understand the benefit of bariatric weight loss surgery and are referring their patients for evaluation. That’s how he met Angelica Quiroz.

Angelica, now 41, works in food service at a local church, where great food and special events are a constant temptation. She had battled obesity and type 2 diabetes for some time and says that she was especially concerned that both of her sons were also at risk for developing diabetes. That’s what made her turn to a surgical option.

“I had terrible back pain, for which I had surgery, and I also had knee pain due to my weight,” Angelica explains. “My blood sugars were always on the high side, even though I was taking medications to help manage that. I didn’t want to go on insulin, so my doctor referred me to Dr. Callery.”

Angelica opted for a sleeve gastrectomy in April 2011. Since then, her weight has dropped from 302 to 198 pounds. Today, she feels great and is no longer taking diabetes medications. The best reward is that her boys are no longer embarrassed by her weight and love the fact that their friends think their mom is really cute.

“Besides losing an incredible amount of weight, I’ve learned a new, healthier way to eat,” says Angelica. “When I attended a reunion with people who hadn’t seen me since I was 18, they told me that I hadn’t changed a bit. Little did they know!”

“The decision to have surgery changed my life, my health and my family,” explains Angelica. “Now, I feel that I’m being a great example for my kids and helping them learn how to prevent having health problems like I did.”

Bariatric surgery may be beneficial for patients with type 2 diabetes of any age. The bariatric surgery program includes extensive patient education, support groups and personalized nutrition information and meal planning with a registered dietitian. Dr. Callery recommends that patients consult with a psychologist or psychiatrist as they adjust to becoming thinner after surgery.

To learn more about the weight loss surgery program at Pomerado Hospital, or to register for a free seminar, call 800.628.2880 or visit www.PalomarHealth.org/bariatric.
On a pain scale of 1 to 10, patients who have experienced trigeminal neuralgia often give it a 20. What is this rare, intensely painful condition that interrupts life in almost every imaginable way?

Trigeminal neuralgia (TN) is a nerve disorder that sends sudden, electric shock-like pain to parts of the face. The pain comes from the trigeminal nerve on each side of the face that carries sensations from your face to the brain. It usually occurs in adults and more often in women than men. Symptoms can range from occasional twinges of pain to episodes of severe discomfort lasting for days, weeks or longer.

Fred Gardner lived with TN pain for 10 years before seeking definitive care. For most of that time, he found the occasional discomfort tolerable.

“At first, my doctor thought it was related to a serious accident that broke my jaw in two places when I was 23,” Fred says. “The pain would come and then be gone for long periods, so I could put up with it and enjoy life.”

But a year ago, the 82-year-old San Marcos resident began experiencing near constant facial pain.

“The right side of my face hurt all the time and pain pills weren’t helping,” Fred says. “It got to where it hurt so bad I couldn’t chew, I couldn’t even shave. I took to sleeping in my recliner chair because it was too painful to lay down and have pressure on my face.”

His primary care physician referred Fred to a neurologist for a thorough examination that determined that he was suffering from trigeminal neuralgia. Fred was then referred to Lori Coleman, M.D., a board-certified radiation oncologist with X-Ray Medical Group and San Diego Radiosurgery and medical director of Radiation Oncology at Palomar Health Downtown Campus, for treatment.

“I was concerned at first, because I thought that meant I had cancer,” Fred says. “But she reassured me that the problem was with the nerve and that she knew how to fix it with very precise radiosurgery. She explained everything about the procedure and told me that stereotactic radiosurgery is greater than 80 percent successful in treating trigeminal neuralgia.”

Stereotactic radiosurgery is an outpatient, non-surgical procedure used to treat cancer and other benign conditions. Image-guided radiosurgery involves quickly delivering precisely focused, high-energy radiation to a localized area. It can often substitute as a non-invasive alternative to surgery.

“When I first met with Mr. Gardner, we discussed how stereotactic radiosurgery could be used to precisely target the trigeminal nerve root entry zone which is where the trigeminal nerve enters the brainstem,” Dr. Coleman says. “Our goal was to significantly reduce Mr. Gardner’s pain and restore his quality of life by eliminating his severe facial pain.”

Careful planning is required to target the nerve root. A detailed MRI provides comprehensive images of the brainstem. On the day of treatment, Dr. Coleman, a neurosurgeon and a physicist joined forces to implement the carefully plotted treatment plan. During the brief procedure, Fred wore a specially shaped mask that served to hold his head perfectly still. The treatment is painless and took less than 45 minutes from start to finish.

“Immediately after the treatment, I could tell a big improvement,” Fred says. “When I look back, I think that having a positive outlook helped me get through the worst of it. But it’s really Dr. Coleman who helped me get back to enjoying life again. She’s my angel.”
Our Hearts are Here. And so is Our Legacy.

Longtime Escondido cardiologist Doug Moir and his wife, Margaret, are excited about the future of health care in their community. Together, they share a passion for Palomar Health, its new hospital, and the incredible level of care made available to them, their friends, neighbors and loved ones. Their enthusiasm led the couple to create their own lasting legacy through a generous estate gift to the Palomar Health Foundation.

“We decided to make a commitment to the hospital because we love Escondido, and we recognize the importance of helping to ensure the best medical care for generations to come,” explained Margaret. “We believe it’s our responsibility to use our time, talents and treasures to help our community,” added Dr. Moir.

Make your own lasting legacy. To learn more about charitable gift planning and how you can make a difference, contact the Palomar Health Foundation at 760.739.2787 or visit www.pphfoundation.org
For a physician referral, or to register for a class, call The HealthSource at 800.628.2880.

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