May – August 2015

An Epic Ride
Triathlete Kicks Kidney Cancer with Robotic Surgery

Restoring Rhythm
Retired Surgeon Gets His Beat Back with Cardiac Ablation

Partial Knee Replacement
One Man’s Answer for an Active Life
Dear Friend of Palomar Health,

Being “first” is a prevalent theme throughout our lives. We want to be first in line, finish the race in first place, or be the first to reach a goal. We remember our children’s first words, our first job and even our first car.

But what if being “first” was all about the way other people treat you? At Palomar Health, our culture of caring is focused on “Patient First.” Simply put, this means that we put the needs of every patient first, every time. Our experienced team of physicians, nurses and staff care for others as they would expect their family members or themselves to be cared for … and they do it with each patient as if that patient were the only one.

As I visit with our team at all levels across our health system, I often ask, “What does ‘Patient First’ mean to you?” The answers I receive are inspiring, thought-provoking, and together they make up the stepping stones of this incredible journey we’re on to become your first choice for safe, compassionate, high-quality health care. Here are a few reflections from our staff.

What Does “Patient First” Mean to You?

• "It’s why we are here. The patient needs to feel they are safe, and that we are here to help them heal.”

• “It means we do all we can to address their pain, suffering and fear … all the time. It also means paying attention to the whole patient, which includes their family.”

• “Our patients must always be our first priority. It means that our care delivery is seamless, and that regardless of what is happening in our department, we must do everything we can to address their needs.”

• “There should never be a time when the patient isn’t first. I pay attention to their needs. If I do it right, they will know what a privilege it is to serve them.”

In an increasingly complicated health-care environment, the common denominator at Palomar Health is always doing the very best we can, for you. It’s about providing the right place of care, at the right time, with the right caring team. Sound simple? It should. It’s as easy as putting the “Patient First.” And that is our promise to you.

In good health,

Bob Hemker
President and Chief Executive Officer
Palomar Health
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SPECIAL FEATURES

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The advantages of robotic surgery include less blood loss, smaller incisions, less pain and a faster recovery. Discover how this advanced technique helped 70-year-old Tony Marshall overcome stage 3 kidney cancer and return to running and cycling hundreds of miles each week.

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On the Cover
Self-described “crazy athlete” Tony Marshall went for a routine exam last fall when a golf ball-sized tumor was discovered on his kidney. Tony was diagnosed with stage 3 kidney cancer, but he was determined to get back to his athletic lifestyle. After hearing about the benefits of robotic surgery, he was ready to move forward with a robotic nephrectomy. Discover how Tony went from the operating room back to being a “crazy athlete” in two weeks! (Photo by Carol Sonstein.)

PreventionPlus
Get smart! Palomar Health is offering more than 50 community health-education classes during May-August. From childbirth and breastfeeding to heart health and weight loss, we have a class for every age and stage of life. See the centerfold insert for details. View our classes online at www.PalomarHealth.org/Classes, or call 800.628.2880.
What do you call a 70-year-old man with an ileostomy who runs and cycles hundreds of miles a week?

“A crazy athlete, that’s me,” says Tony Marshall, a veteran world and national champion triathlete from Carlsbad. “I admit it. I really like to compete.”

As any athlete knows, it’s important to take care of your body. So, Tony was adamant about getting his annual physical exams, especially with his medical history.

During Tony’s exam last fall, his physician noticed a spike in his creatinine level (a high serum creatinine level usually means that the kidneys aren’t functioning properly) and recommended that Tony see a urologist. Tests revealed a golf ball-sized tumor on his kidney. He was diagnosed with stage 3 kidney cancer.

“My colon had been removed 40 years ago after several years of fighting ulcerated colitis,” Tony says. “I wasn’t going to let the removal of a kidney stop me now.”

The day before his surgery, Tony completed a 70-mile bike ride.

Palomar Health Urologist Julian Anthony, M.D., removed Tony’s kidney using the da Vinci Xi robotic surgical system, “to keep the procedure minimally invasive,” Dr. Anthony says.

Although robotic surgery has enabled surgeons to perform partial nephrectomies, removing only the diseased part of the kidney, Tony’s complications made it necessary to remove the entire kidney.

“With his past medical history, he had adhesions and a lot of scar tissue and the kidney was abnormal so we needed to remove it,” Dr. Anthony explains. “If I had just done the surgery laparoscopically, without the robot, I wouldn’t have had the visual acuity that I needed.”

Performing kidney surgeries robotically offers many advantages for both the surgeon and patient.

“The da Vinci Xi gives the surgeon enhanced visualization and increased manual dexterity for more precision,” says Dr. Anthony, who has performed more than 400 robotic kidney surgeries. “I always approach my surgeries robotically, if possible.”

For the patient, some of the benefits of robotic surgery include less blood loss because it’s minimally invasive, a smaller scar, decreased risk of infection, less post-operative pain (which means fewer narcotics are needed) and a faster discharge from the hospital.

“After robotic surgery, a patient can usually go home in one or two days as opposed to four or five days with an open surgery,” Dr. Anthony says. “And they can return to work in just two to four weeks, not the six or eight weeks that’s required for open surgery.”

Dr. Anthony describes robotic surgery as a “tool,” just like any of the instruments used in surgery.

“The procedure is performed by the surgeon at the bedside who controls the robotic instruments through tiny port sites,” he says. “Since I am in the room, I can always stop the surgery robotically and do an open surgery if I need to. The surgeon is in complete control of the procedure.”

Tony was very impressed.

“The actual operation was a piece of cake. There was no pain at all. And, the recovery was pretty quick,” Tony says, adding that two weeks after the surgery he was back to being a “crazy athlete.” “I’d opt for always doing any kind of surgery robotically.”

To learn more, visit PalomarHealth.org/Robot.
New Robotic Docs on the Block

Palomar Health has been performing robotic surgery since 2007, longer than any other medical facility in the community.

To continue its role as the premier robotic surgery center of the county, Palomar Health has added new surgeons with robotic training to its medical staff.

“We are fortunate to have the most diverse group of about 20 surgeons who are committed to doing robotic surgery at Palomar Medical Center, one of the busiest robotic surgery hospitals in the country,” says Kris Ghosh, M.D., medical director of Robotic Surgery.

Meet the newest robotically trained surgeons at Palomar Health.

General and Colorectal

Dhruvil Gandhi, M.D., is a board-certified colorectal surgeon. His skill set encompasses the entire specialty including surgery for colorectal cancer, diverticulitis and ileoanal pouch. He also performs colonoscopies, hemorrhoidectomies and surgeries for anal fistulas.

Dr. Gandhi received his medical degree from the Medical College of Georgia, performed his residency at Mount Sinai in Chicago and completed colorectal fellowships at University of California Irvine Medical Center and University of Texas Medical School in Houston. He received his robotic surgery training in Atlanta in 2014.

Karen Hanna, M.D., is a board-certified general surgeon who retired from the Navy after 22 years. She specializes in bariatric surgery, robotic surgery, laparoscopic surgery and endoscopy.

Dr. Hanna received her medical degree at Rush University Medical College and completed her internship in general surgery at Navy Medical Center in Portsmouth, Va. She completed a fellowship in minimally invasive surgery and bariatric surgery at University of Missouri in 2008, and she received her training in robotic surgery at Hindat Navy Medical Center in San Diego in 2009.

Adam Fierer, M.D., is a board-certified general surgeon focusing on robotic surgery, gastroesophageal reflux and complex abdominal hernia repair.

Dr. Fierer received his medical degree from the University of California, San Diego, School of Medicine and performed his residency at the UCSD Department of Surgery. He completed a fellowship in laparoscopic surgery at The Mount Sinai Medical Center in New York in 1996, and received his robotic surgery training in 2011.

Gynecologic Oncology

Afshin Bahador, M.D., is a board-certified gynecologic oncologist specializing in the treatment of gynecologic cancers and complex gynecologic conditions requiring surgery.

Dr. Bahador performs robot-assisted surgeries for a wide range of gynecologic conditions including uterine cancer, ovarian cancer, cervical cancer, endometriosis and uterine fibroids. He was trained in robotic surgery in 2007 and has completed more than 1,000 robotic procedures.

Dr. Bahador attended medical school at the University of Southern California School of Medicine, served his residency at the University of Southern California Medical Center and completed a gynecologic oncology fellowship at Los Angeles County USC Medical Center Women’s and Children’s Hospital. He has been the recipient of the San Diego Magazine Top Doctor Award every year since 2006. He is considered a national expert in the field of robotics and minimally invasive surgery.

Lejla Delic, M.D., is board certified in obstetrics and gynecology with a subspecialty board certification in gynecologic oncology. She attended medical school at the Loyola Stritch School of Medicine followed by residency training in obstetrics and gynecology at Northwestern McGaw Medical Center in Chicago. She completed her subspecialty training in gynecologic oncology at UCLA/Cedars-Sinai Medical Center in Los Angeles. Dr. Delic is a 2008 Program of Excellence Grant Recipient awarded by the Ovarian Cancer Research Fund. She completed her robotic surgery training in 2008.

The da Vinci Advantages:

As one of the most technologically advanced hospitals in the world, it comes as no surprise that more San Diegans choose Palomar Medical Center for robotic surgery. We’re the first hospital in the County to acquire and use the new Da Vinci® Xi™ Surgical System. This latest generation robotic system has 3D-visualization and an increased range of motion, giving patients and surgeons more surgical capabilities and enhanced performance. Learn more at PalomarHealth.org/Robot.
It’s not often that someone is told they’re too young and too active to be helped by modern medicine.

But that’s exactly what 51-year-old Kent Radford heard from doctors (outside the Palomar Health system) four and a half years ago when his knee became too painful to continue his strenuous tennis, badminton and cycling regimen.

“Other doctors told me I wasn’t old enough and was way too active to have a total knee replacement,” says Kent, a 55-year-old San Marcos resident. “They wanted me to cut down on the activity and just manage the pain.”

Kent had approximately 10 other knee surgeries, including operations for a torn meniscus, cartilage repair and several arthroscopic surgeries.

“Nothing really helped. I was very bow legged and that only made it worse,” he says. “I was in pain most of the time and taking more than 3,000 milligrams of ibuprofen a day to dull the pain. I knew that wasn’t good for me.”

Then he met Palomar Health Orthopedic Surgeon, Brad Cohen, M.D., and his life changed.

“Dr. Cohen looked at my knees and said, ‘Don’t you want quality of life now?’” Kent says. “Of course, I did. And, then we talked about knee replacement surgery.”

Although a total knee replacement was possible for Kent, Dr. Cohen thought a partial or “uni” (unicompartmental) knee replacement was the best option for him.

“Partial knee replacements are now done on an increasing number of younger patients, 45 to 60 years old, who have arthritis in just part of the knee,” Dr. Cohen says. “People find they can be more active with a partial replacement than a complete replacement.”

The recovery and rehabilitation for a partial knee replacement is much easier and less painful than a total replacement, as Kent found out first-hand.

Dr. Cohen performed Kent’s first partial knee replacement in December 2010 at Pomerado Hospital. The surgery was so successful that Kent didn’t spend one night in the hospital.

“When I got home, I walked into the house without a crutch or any pain,” Kent says. “Within two weeks, I was riding my bike and walking up to three miles. I returned to work just nine days later. It was amazing.”
Because the bone, cartilage and ligaments in the healthy parts of the knee are kept, most patients report that a partial knee replacement feels more “natural” than a total knee replacement.

“That’s important, especially if you’re trying to be athletic,” Dr. Cohen says. “Less is more. If you can get away with less surgery, it’s more advantageous.”

A partial knee replacement may also bend better.

“With a partial knee replacement, you get a much better range of motion, usually 130 degrees or more. That’s almost normal,” Dr. Cohen says. “The range of motion with a total knee replacement, on the other hand, is only about 114 degrees. That’s a big difference.”

Most patients do very well and have successful outcomes with partial knee replacements since it’s less invasive than a total replacement.

“However, if you later have to revise a partial replacement to a total replacement, it’s really not much of a problem,” Dr. Cohen says.

Kent likes having future options.

“I hope I won’t need a complete replacement later on, but it’s nice to know that I can do that if necessary,” he says.

Four years after his first partial knee replacement, Kent says he “got fed up with my other knee being swollen and painful. I put it off as long as I could, but decided to have a partial replacement on my other knee.”

After surgery, while in the recovery room for just an hour, Kent was able to lift up his leg and bend his knee.

“It looks like you’re ready to go home already,” Dr. Cohen told him.

And, that’s exactly what Kent did.

Kent got a bonus. While performing the knee surgery, Dr. Cohen was also able to correct his bow legs.

“By having him fix my bow legs, it made me taller by about a quarter inch,” Kent says with a laugh. “It also took the stress off my back and hips, eliminating most of my back pain.”

Within a week of the surgery he was walking a mile, and about 12 weeks after the surgery he was doing some running and cycling.

A patient can usually get back to work in about three weeks after surgery and resume normal physical activities in two to three months.

A total knee replacement usually lasts 20 to 25 years; a partial replacement lasts about 15 to 20 years.

There are a couple of downsides to partial knee replacement compared with total knee replacement that patients need to consider, Dr. Cohen explains.

“About 20 to 30 percent of partial knee replacements need to be revised because there is pain afterward and a total replacement must be done,” says Dr. Cohen, explaining that the pain relief with a partial can sometimes be unpredictable.

A second downside of a partial knee replacement is that if the surgery needs to be revised, patients have to go through two operations. This can be difficult, especially for older patients, Dr. Cohen says.

“That’s why it’s so important to make sure you are the right candidate for a partial replacement and that you go to an experienced surgeon,” he says.

Kent is confident he made the right choice and had the right surgeon.

“For me, two successful partial knee replacements have meant I can take walks with my wife without pain, I can sleep through the night, I can take pain-free bike rides and I’m not taking heavy and risky doses of ibuprofen,” Kent says. “Dr. Cohen and my partial knee replacements have given me my life back.”

To learn more about joint replacements at the Palomar Health Orthopedic & Spine Center, visit PalomarHealth.org/Ortho.
While patient healing generally relies on a hospital’s advanced technology and skilled medical professionals, the less tangible aspects of a facility can also contribute to recovery and wellness.

Palomar Health’s healing environment includes everything from a spiritual program to calm and bring peace to patients and families; a sustainability program to help reduce waste and save resources; and visually-pleasing wall murals throughout the Downtown campus which lend a sense of fun and interest to the surroundings.

Here’s a look at how each of these healing elements takes patient care beyond the bedside.

**Spiritual Services**

The role of Palomar Health’s spiritual program, which is normally a requested or referred service, “is more narrative than prescriptive,” says Chaplain John Van Cleef, director of Spiritual Care at Palomar Health. “We take the time to talk to the patients and families, remembering that the invisible dimensions of each person are real,” he says. “A person’s spirit, body and mind work together for healing.”

It’s important to remember that every patient’s story is unique. “It’s our job to take the time to ask questions and find out what’s causing any stress and anxiety and then find a ‘place’ in which they feel centered and can find peace,” he says.

Some of the benefits of spirituality for patients include:

- Less depression
- A buffer against stress and anxiety
- Reduced side effects
- Comfort at the end of life

Prayer can have a profound effect on people coping with or recovering from an illness. But spiritual care is not just about praying. “It’s about helping people deal with the invisible quality of life,” Van Cleef says.

He tells the story of a patient who was so anxious and distressed that she could not rest. After talking with her, Van Cleef discovered that the source of her worry was a hospital bill. He offered to coordinate communication between the patient and a hospital financial counselor. The matter was easily settled and with her worry gone, the patient was able to rest peacefully and let the healing process continue.

Palomar Health has four staff chaplains and 63 volunteers from different religious denominations, with spiritual care and counseling available 24/7 to both patients and staff. There is a chapel at each of the campuses.

**Artistic Elements**

The artwork on the walls of Palomar Health Downtown Campus not only brings the outdoors inside and offers a historical glimpse of the area, but it also provides a visual and sensual diversion for both patients and staff.

The first mural that Valley Center artist Gloria Favela Rocha painted at the Downtown campus were the patio walls on the fourth floor. “It’s one of the only outdoor areas of the hospital where families can gather, but there was nothing out there. It was gray and very institutional looking,” she says.

It was decided that the patio mural would depict what Escondido looked like from the hospital site 100 years ago. To make her artwork as accurate as possible, Rocha spent a month gathering information from the Escondido Historical Society.

The finished mural features laborers working on orange farms, horses and wagons, old school houses and the natural vegetation that covered the area at that time.

“As I was working, some older patients would recognize some of the things I was painting,” says...
Rocha, who took about eight months to finish that mural. “These patients had a connection to the history of Escondido 100 years ago. I found that so inspiring that it just electrified me.”

Rocha’s next mural, at the hospital’s cardio track, features nature scenes on the way to Palomar Mountain.

There may even be health benefits to viewing the murals, says Wendy Atchley, cardiac rehab supervisor. “It lightens the mood and it’s more welcoming,” Atchley says. “Instead of plain walls, there are walls of interest. The murals help take patients’ minds off of why they’re here. It gives them the sense of being outdoors and in nature.”

The wall mural in the radiation therapy waiting room is her latest project and it “is especially touching to me,” Rocha says. “One of the worst things someone can tell you is that you have cancer, so it was important to me to create a sense of calm and peacefulness for this room, inspired by Monet.”

With this mural, Rocha again incorporated suggestions from patients and staff into her finished work.

“One patient told me she had a wisteria tree in her backyard growing up so I put one in (the mural). Another patient wanted me to add a butterfly, and someone else wanted a dove,” Rocha says. “All of these things are symbols and have meaning to these people. It’s fun and inspiring to see their reactions every day.”

Sustainability Program

“At Palomar Health we have a rather comprehensive sustainability program,” says Barbara Hamilton, manager of sustainability. “Sustainability and wellness are really the same thing. They’re all connected to the environment we live in.”

In accordance with the Healthier Hospitals Initiative, the focus of Palomar Health’s sustainability efforts are in the areas of energy efficiency and water conservation, waste reduction and recycling, healthier food, smarter purchasing, sustainable sites and gardens, and education and engagement.

“It’s our responsibility to conserve and support the environment when we can,” Hamilton says.

The Healthier Hospitals Initiative is a national campaign that supports hospitals to improve the health and safety of patients and staff by serving healthy, fresh and sustainable foods and beverages, while reducing waste and energy use.

“While recycling is good, reduction is better. We have to look at how we purchase,” Hamilton says.

Part of the sustainability program is healthier menus that include reduced meat consumption. The goal is to take the savings from decreased meat usage to buy better, more sustainably-raised, antibiotic-free beef, Hamilton says. This year the purchase of antibiotic chicken is also a priority.

There is also an emphasis on buying and using local organic produce. Not only does this provide reduced pesticide exposure and runoff, but it also supports the local economy. Plus, the fresh fruits and vegetables are a better nutritional value and taste better, too.

Research shows that as hospitals commit to offering local sustainable food and healthier beverages, there is a reduction in diet-related chronic diseases such as diabetes, heart disease and cancer.

“A sustainable health-care environment also provides us with the opportunity to have fresher and cleaner air to breathe, reducing patient and staff exposure to toxins,” Hamilton says. “And, when we reduce energy, it saves money and helps keep health-care costs down.”

Palomar Health has been the recipient of Practice Greenhealth’s National Environmental Excellence Award for four consecutive years, recognized for continuous improvement and as a leader in sustainable health care.

“We take pride in our comprehensive approach to sustainability in health care,” Hamilton says. “As we continue to explore the connections between human health and the environment, Palomar Health looks forward to furthering our sustainability efforts and lessening our impact on the environment.”
Palomar Health Presents

An Evening with Mayo Clinic

Focus on Back Pain

Is chronic back pain keeping you on the sidelines of life? Get back in the game. Join Palomar Health and Mayo Clinic for a powerful learning experience focused on back pain – one of the most common reasons people visit the doctor or miss work. From non-surgical therapies to minimally invasive surgeries, our leading experts will guide you through the most advanced and effective diagnosis and treatment options to help you beat back pain and get you back to the pain-free life you once knew.

Keynote Speaker
Barry Birch, M.D.
Neurosurgery
Mayo Clinic, Arizona

Presenter
Andrew Nguyen, M.D., Ph.D.
Neurosurgery
Palomar Health

Thursday, June 18
6 – 8:30 p.m.
Rancho Bernardo Inn
Bernardo Ballroom
17550 Bernardo Oaks Drive
San Diego, CA
FEE: $40 / person

6 – 6:30 p.m.
Welcome & Registration

6:30 – 7 p.m.
Dinner

7 – 8 p.m.
Mayo Clinic Presentation

8 – 8:30 p.m.
Question & Answer Session

To register, call 800.628.2880 or visit www.PalomarHealth.org/Classes.

Palomar Health and Mayo Clinic.
Working together, for you.

Working together. It’s the key to better health care for you and your family. That’s why the doctors at Palomar Health and Mayo Clinic have joined forces to resolve your hard-to-solve medical problems. For you, that means peace of mind and access to the finest medical knowledge – right here at home.

Palomar Health accepts most insurance plans including Medicare. To choose a physician, call 800.628.2880 or visit www.PalomarHealth.org/Doctor.
I recently experienced a seizure. Could this mean I have epilepsy?

The brain contains billions of neurons (nerve cells) that create and receive electrical impulses. Electrical impulses allow neurons to communicate with one another.

During a seizure, there is abnormal and excessive electrical activity in the brain. This can cause changes in awareness, behavior and/or abnormal movements. This activity usually lasts only a few seconds to minutes.

Not all patients who have seizures will develop epilepsy. Epilepsy is defined as recurrent unprovoked seizures. Seizures can be triggered by factors such as excessive alcohol consumption, sleep deprivation, withdrawal from benzodiazepines (Ativan or Xanax) or hypoglycemia (low blood sugar).

About 150,000 people are diagnosed with epilepsy in the U.S. each year. Approximately 0.5 to 1 percent of the population has epilepsy. Epilepsy is usually caused by an abnormal structural lesion of the brain, such as a tumor, or trauma, stroke or inherited disorders.

After the first seizure-like activity, you may be referred to a neurologist or a seizure specialist (epileptologist). Depending on your age and circumstances, your doctor will order certain tests to assess the risk of having a recurrent event. The testing may include, but are not limited to, a CT scan of the head, an MRI of the brain and an electroencephalogram (EEG) to detect abnormalities in the electrical activity of the brain.

If all the testing is negative, the risk of a recurrent event may be 20 to 25 percent. You may not be obligated to take medications for prevention. However, if any of the tests are abnormal, which means the risks of having another one is high, your doctor will discuss with you the risks and benefits of taking seizure medication.

In general, seizures and epilepsy are mostly treatable diseases and you need to work closely with your doctor to achieve this goal.

Did You Know?

- There is no cure for epilepsy, but you can treat it.
- You can develop epilepsy at any point in your life.
- Epilepsy is not contagious.

I witnessed a bad car accident and wanted to help, but wasn’t sure what to do. How can a layperson assist before emergency personnel arrive?

The first thing you should do if you witness a serious car accident is look for a safe spot to pull over. Make sure you park your car at least 100 feet away from the accident and turn on your emergency flashers. Stay in your car unless you are a professionally trained responder.

When it’s safe, dial 9-1-1. Be ready to provide the location of the accident, including cross streets or freeway information. It’s important for you to provide as much information as you can, so they can send the right responders. For example, a single vehicle accident is very different from an accident involving a school bus full of children.

If you must approach the accident, observe the area first for other dangers, such as oncoming traffic. Remember to put your own safety first and ensure that you’re not injured in the process of trying to help others. Drivers passing by might be distracted by the accident and this could put your safety in jeopardy.

The 9-1-1 operator will also ask you how many people need help and if anyone is bleeding or unconscious. Don’t touch anyone involved in the accident unless trained to do so.

Do not move any car crash victims unless absolutely necessary. Moving trauma victims could result in further injury and it’s best to let trained responders handle this. Cover victims with a blanket and do not leave them alone. Calm and reassure the victims that help is on the way.

### Waiting for 9-1-1: What Can I Do to Help?

**OASIS – Poway**

**Wednesday, July 22**

**10 – 11:30 a.m.**

No one ever wants to have to dial 9-1-1, but if you have a loved one who has suffered a life-threatening injury or illness, do you know what to do until the paramedics arrive? Join Luanne Arangio-Law, R.N., M.Ed., former emergency department nurse, as she presents first-aid tips to help you act quickly and with clarity until help arrives.

**FEE:** $5 per person, call 760.796.6020 to register
While vacationing alone in a remote part of Canada last year, Laurence McKinley, M.D., was startled awake by the feeling that “a chicken was trying to get out of my chest,” says the retired Palomar Health orthopedic surgeon. “I thought, what in the heck is happening? It was very frightening.”

He cut his vacation short, met up with his wife and within a couple of days was evaluated at a Canadian hospital. Physicians there confirmed that Dr. McKinley, 67, had experienced atrial fibrillation or Afib. Atrial fibrillation is an irregular and often rapid heart rate that commonly causes poor blood flow to the body. During Afib, the heart’s two upper chambers beat chaotically and irregularly, out of sync with the two lower chambers of the heart. The amount of blood flow decreases, which often results in symptoms such as heart palpitations, shortness of breath, weakness and fatigue.

Although Afib itself isn’t usually life threatening, it is a serious medical condition that sometimes requires emergency medical attention. It can lead to complications, including a stroke.

“It’s important to understand that Afib is a progressive disease,” says Navinder Sawhney, M.D., medical director of Electrophysiology at Palomar Health, who treated Dr. McKinley once he returned home. “The more the heart tissue is exposed to Afib, the weaker and more abnormal it becomes. The more persistent Afib becomes, the more difficult it is to treat. That’s why the sooner you get Afib treated, the better the outcome.”

Afib affects approximately one percent of the population, or about 4 million people. “The number is growing as the population ages,” says Dr. Sawhney.

Episodes of Afib can come and go and as the disease progresses, patients may develop persistent Afib. Some people with Afib have no symptoms and are unaware of their condition until it’s discovered during a physical examination.

Today, thanks to seeking prompt treatment and Dr. Sawhney’s skillful ablation procedure, Dr. McKinley’s Afib is under control. He also made some important lifestyle modifications, which should help control his Afib in the future.

“Part of the reason I got Afib was because I was an overweight, out-of-shape person who didn’t exercise enough and ate and drank too much,” he says. “I was just having a good time, but getting Afib was a real wake-up call.”

Dr. Sawhney first attempted to control Dr. McKinley’s Afib with medication and a cardioversion, an electric shock back to normal rhythm – but, with no success.

“Nothing they did at first worked, and we couldn’t get it under control. When they put me on the treadmill, my heartbeat was so fast that they had to pull me off of it,” says Dr. McKinley. “That’s when I said, ‘OK, I’ll take a shot at ablation.’ ”

If his Afib wasn’t controlled, Dr. McKinley knew he’d probably have to take blood thinners for the rest of his life. “I didn’t want to do that,” he says. “I want to continue to vacation in remote places and lead an active life. So ablation was my choice.”

Cardiac ablation usually uses catheters inserted through a vein in the groin and threaded to the heart to correct electrical problems in the heart that cause an arrhythmia.

Once it reaches the desired chamber of the heart, the catheter delivers radiofrequency energy to the heart wall to create lesions.
which block faulty electrical impulses that can cause heart rhythm disorders.

In Palomar Medical Center’s Electrophysiology (EP) Lab, Dr. Sawhney used a new catheter, the Thermocool SmartTouch, with sensors that allow the physician to know more precisely how much contact is being made with the heart tissue. Palomar Medical Center began using the SmartTouch in June 2014, and Dr. Sawhney now uses the new catheter on all Afib ablations.

“The advantage of it is that it gives a better sense of contact, so we can make a better lesion,” he says. Dr. Sawhney’s use of this new technology supports better outcomes.

“By making better contact, the new catheter means there are fewer X-rays, so the patient receives less radiation,” Dr. Sawhney says. “And, by making more durable lesions, it means better outcomes. It is less likely that we have to go back and ‘touch things up’ later with a second ablation procedure.”

It’s not certain exactly what causes Afib, however there are certain risk factors for it. These include advanced age, high blood pressure, consuming excessive alcohol, obesity and sleep apnea.

“By modifying those risk factors and making some lifestyle changes, people can reduce their risk of Afib or having Afib return after treatment,” Dr. Sawhney says.

Ablation can cure the electrical problems of the heart, but if those other lifestyle factors don’t change, Afib can come back. Dr. McKinley is an example of an Afib patient who took control of his health and is seeing the positive benefits.

Since his diagnosis, Dr. McKinley has lost 50 pounds. He also watches what he eats and drinks and exercises 90 minutes a day.

“The (outcome) statistics (for Afib ablation) can vary quite a bit, but Dr. Sawhney did such a good job, that today I’m off blood thinners and on just one baby aspirin a day. I feel great,” says Dr. McKinley, noting that timeliness was imperative to the success of his ablation procedure.

“Sometimes you just have to jump off the (ablation) cliff with faith, knowing that Dr. Sawhney is going to fix it,” Dr. McKinley says.

To learn more about services provided at the Palomar Health Heart & Vascular Center, visit PalomarHealth.org/Heart.

EP LAB

Since the Electrophysiology (EP) Lab was established at Palomar Medical Center a little over two years ago, more than 350 procedures have been performed there.

“We are busier than anyone expected,” says Navinder Sawhney, M.D., medical director of Electrophysiology at Palomar Health. “As people in the community learn who we are and about the services that we offer at the EP Lab, we are getting more self-referrals.”

The EP Lab (sometimes called the cath lab) offers patients the opportunity to have their arrhythmia or irregular heart beat tested, diagnosed and treated.

An irregular heartbeat can lead to heart complications, fatigue, congestive heart failure or stroke.

The EP Lab focuses on the electrical function of the heart and treats various conditions on the spot.

Some of the services offered in the EP Lab at Palomar Medical Center include:

- **Cardiac mapping.** This process can map and detect specific electrical activity of the heart in real time. Any electric irregularities can be immediately diagnosed and potentially treated.

- **Ablation studies.** This non-surgical, minimally invasive process involves threading a catheter into the heart. Electric impulses are studied and then ablated with radiofrequency energy to restore a regular rhythm in the heart.

- **Defibrillator implantation.** For those with dangerous heart rhythm disorders that carry a high risk of cardiac death, a defibrillator may be implanted. This device can detect dangerous heart rhythms and pace or shock the heart back into a regular rhythm which can be life saving. The device is implanted under the skin near the collar bone and connected to the heart by a wire.

To choose a physician, or to register for a class, call Palomar Health at 800.628.2880.
Once again, I've been "benched" by my dermatologist. No running, swimming or biking for two weeks. For the fifth time in two years, a squamous cell skin cancer has claimed a big chunk of my body. Two ugly scars on my right forearm, two on my right shin, and the latest … an angry incision healing on my right calf muscle.

It's a bummer for sure. But you know what's really sad? I deserve every one of those scars. Through high school and college, I worked summers as a lifeguard, arriving at work early so I could "lay out" in the sun before baking myself for eight more hours while keeping watch over a huge municipal pool reflecting back on me.

To get a jump-start on my tan, I'd fry myself over spring break while visiting my grandmother in Phoenix and schedule my college spring semester classes so I could sizzle a little more under the midday sun in the courtyard of my dorm.

Determined to be bronze for a winter frat party, I once sat under a sunlamp, exposing myself to three times the ultraviolet light recommended (because, stupidly, I couldn't "feel" anything) and landed in the ER with second degree burns several hours later!

Now, all the sunscreen in the world can't stop the self-inflicted damage to my once-smooth skin.

Arch Health Partners Dermatologist, Diane Scott, M.D., says she sees plenty of patients like me. The sad truth is there's no turning back. "Once you've had a cancerous lesion, your chance of having more increases," explains Dr. Scott. "Damage to the DNA in skin cells from ultraviolet exposure has reached a threshold which promotes the transformation to cancerous cells."

Not very encouraging for those of us from the baby oil, iodine and reflector generation. But this doesn't have to be your story. The key is prevention!

When used properly, today's sunscreens are effective. Dr. Scott recommends choosing one that is broad spectrum (UVA and UVB) with an SPF of 30 or higher.

Those with fair skin who sunburn easily are at highest risk to develop skin cancer. Other risk factors include family history, having more than 25 moles and smoking.

"The effect of the sun is cumulative," says Dr. Scott. "Every walk to and from the car and mailbox add up. Even car windows allow UV to reach the skin."

So, how do you know when that "thing" on your arm needs to be looked at by a doctor? Basically, if it's a new or changing lesion or a mole that looks different from the others, get it checked. According to Dr. Scott, that "thing" on your face that looks like a pimple, but doesn't go away, could be a basal cell carcinoma.

Also, be on the lookout for the deadliest form of skin cancer – malignant melanoma. Early detection is crucial because it can spread to the lymph nodes and other organs, resulting in death.

Still not motivated to apply that sunscreen? I'll be happy to show you my scars.

– Carol LeBeau

Skin cancer is on the rise in southern California, and for good reason. We love the sun! But, before hitting the beach to soak up some rays, check out what Arch Health Partners Dermatologist, Diane Scott, M.D., had to say to former sun worshipper, Carol LeBeau.

Carol: How long is too long in the sun?
Dr. Scott: There is no safe amount of sun exposure!

Carol: Really? Don't we need the sun's vitamin D?
Dr. Scott: Studies show UVB-induced vitamin D synthesis can lead to DNA damage. It's safer to get vitamin D through diet or supplements.

Carol: How can you possibly avoid the sun in San Diego?
Dr. Scott: Wear sunscreen every day, or protective clothing and a hat. Avoid tanning beds and the sun between 10 a.m. and 2 p.m.

Carol: Does diet play a role?
Dr. Scott: Yes. A diet or supplements rich in antioxidants can be beneficial.

Carol: Is there a supplement you recommend?
Dr. Scott: Yes, one called "polypodium leucotoma" has been shown to decrease UV induced damage to the skin.

Carol: What's the treatment for the most common skin cancers?
Dr. Scott: Most are treated surgically. But some topical treatments can be used for superficial skin cancers.

Carol: Do you recommend routine skin checks?
Dr. Scott: Yes, yearly exams for adults and every six months for those with skin cancer history.

Carol: I have to ask, do you ever enjoy the sun?
Dr. Scott: I like to hike, swim and enjoy the beach – from under the umbrella, cabana, hat and sunscreen!
One of the most impressive benefits of successful bariatric surgery is that it can help “turn a vicious cycle into a virtuous cycle,” says Charles Callery, M.D., bariatric surgeon at Palomar Health.

A perfect example of this is Evelyn Irving, 53, whose gastric bypass surgery at Pomerado Hospital not only helped her lose 72 pounds and go from a size 18 to an 8, but it also “gave me back 30 years of my life,” says the Bonita resident. “I’ve gone from an inactive, overweight person with a poor diet to someone who now eats a more healthy diet and plays tennis six or seven days a week.”

Evelyn’s case was a bit unusual because she is a Type 1 diabetic and bariatric surgery isn’t always thought of as an obesity solution for people with this autoimmune disease.

Type 1 diabetes is an autoimmune defect which damages insulin-producing cells. Type 1 diabetics don’t make insulin, so they must take supplemental insulin, Dr. Callery explains. If a person with Type 1 diabetes is obese, then they also become insulin resistant and are not able to utilize insulin effectively.

“Bariatric surgery helps people lose weight and that helps them overcome insulin resistance,” Dr. Callery says. “It also causes hormonal signaling changes that further reduces insulin resistance and improves sugar control.”

Evelyn’s body mass index (BMI) was barely high enough to qualify her for bariatric surgery, however “Dr. Callery felt that it would be hugely beneficial to have the surgery, since I was overweight and it could help me have a more healthy, active lifestyle,” Evelyn says. “He was right.”

“I’m very happy and feeling wonderful today,” she continues. “My energy is great. I sleep well. My (supplemental) insulin has dropped by two-thirds. It’s affected all parts of my life. Having bariatric surgery is the best decision I’ve ever made.”

Never a vegetable eater before, Evelyn was determined to consume healthier foods after the surgery. On a liquid diet right after surgery, she started blending healthy vegetables (not her favorite) with foods she enjoyed.

“I mixed spinach with strawberries and bananas for a protein smoothie and it was good,” she says.

As recommended by dietitians, she started eating more beans, packed with lots of healthy protein and fiber.

“My husband does most of the cooking and he makes beans every possible way you can think of. And, I actually liked them,” she says. “He also puts vegetables into other things like corn chowder, meat loaf, scrambled eggs, omelets and anything else he can sneak it into. It completely changed my outlook on what I eat.”

Since her surgery, Evelyn’s activity has skyrocketed. She now plays competitive team tennis almost weekly and she’s ranked third in Southern California and seventh in her division.

“I live for tennis now,” she says. “I never thought I would say that.”

Although “the soul of weight loss is eating less, exercise is always beneficial to the patient,” Dr. Callery says.

By restricting food and losing weight, a person becomes more comfortable and is then able to be more active.

“It’s the increased activity after weight loss that consolidates the lifestyle changes,” Dr. Callery says. “When physically active, a person feels better about themselves, they’re more motivated and they have more self-confidence. They become more like Evelyn.”

Evelyn proudly remembers her one-year anniversary visit to Dr. Callery’s office where he said to her, “We need to bottle what you are feeling.”

To learn more, visit PalomarHealth.org/Bariatric.
Tenacity, especially when it comes to your health, can often be a virtue, as Stella Hersh found out.

The 50-year-old Vista woman was told by a non-Palomar Health physician that her vision would probably be distorted due to a macular hole in her retina. After performing unsuccessful retina surgery requiring a face-down position during recovery, the physician told her she could seek other opinions, “but he said they’d all tell me the same thing,” Stella says.

Down, but not out, Stella wasn’t about to give up. That’s when she heard about Paul Tornambe, M.D., a retina specialist at Pomerado Hospital. He had the reputation as “being the best,” Stella says, thanks to his surgical skills and the use of the new Zeiss oPMi Lumera 700 microscope.

“Dr. Tornambe looked at both of my eyes and said, ‘This is not that bad. I can fix this,’” Stella says. “He made me feel comfortable and gave me lots of new information.”

Dr. Tornambe was able to successfully remove the membrane on Stella’s retina in February and her sight is improving every day.

“This surgery would have been very difficult without the Zeiss Lumera microscope,” he says of the new equipment, which Palomar Health acquired thanks to the generosity and support of donors and grateful patients. “The lighting and optics of this microscope are so advanced that it enabled me to see the tissue of the retina and do (the procedure) successfully.”

Specialists who perform eye surgeries at Pomerado Hospital can now use the microscope to treat complex eye problems like Stella’s, plus cataracts, detached retinas and other eye conditions. This highly-advanced piece of equipment will also help support the growth of Pomerado Hospital’s eye surgeries as the hospital continues to work toward becoming a Center of Excellence for ophthalmic surgeries.

Unlike older ophthalmic microscopes, the Zeiss Lumera provides better optics and safer lighting. The light generated provides a safer wavelength with less chance of damaging the retina by eliminating UV wavelengths. The new microscope is also more energy and cost efficient, using “bulbs” that last longer and take less energy.

“The Zeiss Lumera microscope not only enables me to see the tissue better, giving me a better idea of the topography of the retina, but it also helps me to do the procedure faster, which means less time that the patient is exposed to anesthesia,” Dr. Tornambe says.

The microscope also features a high-resolution digital camera that projects real-time high-resolution digital images that physicians can see during surgeries.

“By using the microscope camera, others in the operating room can watch me and anticipate what I need next and help me move the contact lens into better position. When everyone is involved, you have better outcomes,” Dr. Tornambe says. “It’s a team effort. I couldn’t do retinal surgery without the team.”

“We just got the microscope in December 2014. And, already it has helped more than 50 people to see. It’s a very gratifying donation and used every day for all retinal surgeries at Pomerado Hospital,” says Dr. Tornambe, noting that eye surgeons will perform about 200 surgeries each year using the new microscope.

Today, Stella is glad she persevered and didn’t give up on regaining her vision.

“Dr. Tornambe is a miracle worker and so is his microscope,” says Stella, who is expected to regain nearly 98 percent of her vision in the next year and a half. “I’m so happy I didn’t give up and was able to find my miracle worker and his microscope.”
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At Palomar Health, generosity among employees is contagious. “Our employees are the best in the world. Not only do they work hard every day to take care of our patients and their families, but they consistently go above and beyond by giving back to our organization,” says Sonia Lopez, Palomar Health Foundation lead for the “I care. I give.” campaign, which has raised more than $4 million.

To show appreciation, district and Foundation board members as well as physician and administrative leaders served cupcakes and fruit at all Palomar Health campuses during March.

“It was a pleasure to take part in the cupcake socials to acknowledge the generosity of our employees,” says Bob Hemker, president and chief executive officer. “Their commitment to Palomar Health goes beyond their job. It speaks to the culture of caring that is the hallmark of our organization.”

Palomar Health employees are not required to donate to the Foundation. However, more than 82 percent do give back to the health system.

“Employee giving inspires good actions in others, and for this we are grateful,” says Lopez.

Vaughdean Forbes will be remembered as a warm, smart and financially savvy woman. Her generosity leaves a legacy for the patients and families in our care.

Palomar Health Foundation was saddened to learn of Vaughdean’s passing in February at the age of 90. Her husband, Glenn, passed in 1997 and they had no children.

Vaughdean made her first gift to Palomar Health in the form of a Charitable Gift Annuity (CGA) in 2008. Over the next six years, she made 15 more donations.

“I will always remember Vaughdean as a practical and intelligent woman,” says Kimberly Cardoso, director of major giving at Palomar Health Foundation. “We talked about politics, popular culture, economics and finance.”

While working in Sears’ credit department as a young woman, Vaughdean learned about compound interest and dangers of high debt. This knowledge, along with her mother’s guidance to live modestly, created a lifetime of investing wisely.

Introduced by each other’s mothers, Vaughdean met her husband Glenn after his service in World War II. They began their married life in Long Beach, later moving to Point Loma and Rancho Santa Fe. She liked to tell the story of how she came to manage their investments.

Glenn had put their savings in Chrysler stock, but Vaughdean objected. She thought they needed diversification.

“They made it into a competition,” Cardoso explained, “each taking half of the portfolio, investing it until the end of the year, and whoever made the most on their investments would win. There was definitely a sparkle in her eye when she revealed how her strategy won.”

Palomar Health is proud to recognize Vaughdean Forbes with naming plaques at Pomerado Hospital and Palomar Medical Center.

“CGAs are deferred planned giving vehicles, so the total will be realized in the months ahead. However, we wanted to honor her before she passed by dedicating hospital areas in her name,” said Cardoso. “She was happy knowing her gifts would make a difference after she was gone.”

To make a gift in support of Palomar Health, please call 760.739.2787 or visit PalomarHealthFoundation.org/Donate.
For a physician referral, or to register for a class, call Palomar Health at 800.628.2880.