A Change of Command
Meet New President and CEO Bob Hemker

Outsmarting the Ouch
Orthopedic Patients Enjoy New Pain Management Protocol

The Best for Your Chest
Discover the Benefits of Robotic-Assisted Thoracic Surgery

SAAAVE Me!
Free Screening Program Offered for Abdominal Aortic Aneurysms
Dear Friend of Palomar Health,

When my children were young, I remember wanting to freeze time and stay in that particular moment forever. But if I had, my wife and I would have missed sharing their key life moments—learning to ride bikes, graduating from school, getting married, starting careers and, eventually becoming parents to our grandchildren.

In a similar way I have also watched Palomar Health “grow-up” over the last 13 years. Now as I transition to my new role as chief executive officer, I know that I have big shoes to fill. Michael Cover’s list of accomplishments is long, and I’ve been privileged to serve beside him as chief financial officer. My shared history with Palomar Health helps me appreciate how we became the leading health-care provider in North County, and now I am excited to lead the way to continued growth.

The health-care industry is undergoing monumental changes and challenging all of us to flourish in new ways. Palomar Health will succeed in overcoming those challenges, while making safe and compassionate patient care our number one priority. That’s our commitment to you.

I ask you to join Palomar Health in this journey so we may share in your key life moments together.

In good health,

Bob Hemker
President and Chief Executive Officer
Palomar Health

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On the Cover
Bob Hemker became the new president and chief executive officer of Palomar Health after serving as the chief financial officer for the past 13 years. Learn how his 30 years of experience has prepared him for this role and discover his vision for the health system. Read the full story on pages 4 – 5. (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.

Palomar Health Board of Directors: Back row, left to right, Jerry Kaufman, PT MA, treasurer; Bruce Kridel, director; Jeff Griffitt, director. Front row, left to right, Linda Grice, R.N., secretary; Stephen Yerna, vice-chair; T.E. (Ted) Klein, chairman; Aaron Wicks, M.D., director.

To choose a physician, or to register for a class, call Palomar Health at 800.628.2880. 3
On August 15, 2014, Bob Hemker began his day as the new president and chief executive officer (CEO) of Palomar Health after serving as the chief financial officer (CFO) for the past 13 years, including a stint as interim CEO in 2002. The HealthSource recently sat down with Bob to talk about his new role and his vision for leading the health system in the coming years.

**HS:** You have been with Palomar Health serving as the CFO for more than 13 years. Has it always been your goal to become CEO?

**BH:** Always! I set my sights on a senior leadership role where I could serve and help. I wanted to be part of a strategic leadership team setting direction and taking it through the life cycle. As the CFO, I played a significant role in setting the direction for Palomar Health and the achievement of its outcomes. While the CFO role could be a natural path of progression, that role was not essential for me to achieve my goals or contributions. The CEO role allows me the great opportunity to be a servant leader, continuing to set direction and guide Palomar Health in achieving its mission to serve our community’s health-care needs.

**HS:** What is your leadership style?

**BH:** I would describe my style as collaborative – working with all key individuals and stakeholders to build commitment and gain consensus to jointly solve problems, identify opportunities and grow Palomar Health. I believe in building strong relationships and engaging the right people at the right time to make decisions. It is important for me to listen and learn so I can be adaptable. While process is important to me, effective and timely decision-making is critical. I am true to my values – integrity, trust, compassion and accountability – and will never adapt or compromise them.

**HS:** What is your vision for Palomar Health in the next five years? 10 years?

**BH:** We will exceed our community’s expectation of providing world-class health care in our community. A few things are essential in order to achieve this vision. We will have a focus on patients first. We will do the right thing at the right time with the right skills and resources throughout the continuum of care. In providing all capacities of patient care, we will serve our community with a high-performing and aligned team of physicians, caregivers and non-caregivers. We will be positioned to embrace the changing health-care environment, assure access to care and be fiscally prudent to take advantage of value-based opportunities that may further our mission.

**HS:** Managed care contracts, insurance and Medicare reimbursements, the Affordable Care Act – all of these things have forever changed the landscape of health care. What is the best approach to run a health system and be profitable?

**BH:** It is about the right place of care (inpatient, outpatient, skilled nursing) at the right time (not too early, not too late) with the right resources. If we do these things right, high qualified care and financial performance follow which will allow us to continue serving our community. The health-care landscape is in a state of flux so we need to be nimble and flexible.

**HS:** We assume your new job began on the day you “accepted the offer” rather than on “Day 1” Aug. 15. What did you do during this time to prepare for the transition? Do you have a 100-day action plan?

**BH:** From the time the offer was accepted, I began a very deliberate process to transition into the role of CEO. My primary thought was to get out and about in the organization and community. I have been meeting with community stakeholders, physician leaders, Palomar Health leaders and staff, and our board of directors to listen, solicit feedback and identify opportunities to validate our future direction and determine any need for fine tuning.

My 90- to 100-day plan includes continuing introductions and assessment in the organization, with our physicians, partners and the community, confirming our priorities and creating the leadership structure to effectively execute and operationalize our strategic plan. I want to reach out to as many as I can to gain insights, feedback and input. My goal – to LISTEN.

**HS:** What can North County expect from your leadership of Palomar Health in the coming years?

**BH:** I will provide a clear vision, effective execution of our strategies, operational efficiencies, fiscal prudency and actions to provide the highest quality health care across the district. As a public hospital, our key stakeholders are the community members. I hold that responsibility in high regard. They will get commitment, transparency and responsiveness.

**HS:** What is in your professional career has prepared you most for this role?

**BH:** A very personal situation prepared me best for this role. My passion for health care was ignited when I was bitten by a rattlesnake at 12 years of age. I was in my second year of college and had been hiking near the Grand Canyon. I was bitten by a beautiful western diamondback rattler. I spent nearly four months with numerous surgeries, and in outpatient rehabilitation for a long time. During this journey, I was told I would lose my leg or may never walk again (neither happened). I experienced firsthand the continuum of care. Observing how the health-care system was worked never forgotten. Later in my life, I found that my passion for business matched perfectly with pursuing it in the health-care industry. Professionally, I have extensive experience managing the financial and operational aspects of health-care organizations. My career includes CFO, COO and CEO experience in for-profit, not-for-profit and governmental acute care hospitals in Southern California and Hawaii. However, the experience at age 12 has served as good preparation for all my roles in the health-care industry by making sure I look at things through the patient’s eyes.

**HS:** When Palomar Medical Center opened in August 2012, you knew there would be financial challenges for the health system. Financially, are we where you expected us to be?

**BH:** We continually update our plans to reflect changing external and internal conditions. Financially, we knew that the critical years would be just before opening, during the transition period and, for a period of time, after opening Palomar Medical Center. We have come through our post-opening period and are achieving our expected financial performance for both operating income and cash reserves.

**HS:** What accomplishment are you most proud of over the past 13 years?

**BH:** Professionally, I’m proud of being a key decision-maker in the design and execution of Palomar Health’s strategic direction including Palomar Medical Center, relationships with Kaiser and Rady Children’s, physician alignment/integration, and positioning us for the future health-care environment.

**HS:** How do you think Palomar Health’s relationship with Mayo Clinic is going to benefit North County residents’ health care?

**BH:** The primary goal of the Palomar Health and Mayo Clinic Care Network collaboration is to help patients gain the benefits of Mayo Clinic expertise while they continue to receive their care close to home. Mayo embraces a culture of patient-centric care which aligns with our focus of patients first. The Mayo Clinic Care Network allows our medical staff the opportunity to confirm diagnoses and treatments with Mayo physicians. It is gratifying to know that the Mayo network only collaborates with high-quality physicians, which they validate through a rigorous assessment prior to becoming part of the network.
Michelle Condon had two total knee replacements at Pomerado Hospital in 2014, one in April and the other in June. Although the surgeries were less than three months apart, the difference in her experience and comfort was monumental.

"With the first surgery I was in the hospital for two days and was nauseated and constipated," says the 60-year-old Ramona resident. "It was difficult to control the pain since the pain medicines made me so nauseated."

With the second surgery, Michelle was able to go home the next day, had no nausea or constipation and needed less pain medicine when she got home. What a difference a new pain management protocol can make.

"With less pain and no nausea or constipation, it helped me get started on my recovery on a positive note," Michelle says. "The day I got home, had no nausea or constipation and needed less pain medicine when I went home." Michelle says this new pain protocol meant "I was healing and feeling better soon after the surgery."

In May, the Palomar Health Total Joint Committee developed a standard pain management protocol to be used during hip and knee surgeries to improve patients' reported levels of pain. Palomar Health surgeons, anesthesiologists, pharmacists, physical therapists and nurses joined forces to explore available literature, strategies and national guidelines on pain management. They also consulted with Mayo Clinic.

"It is Palomar Health's goal to be the number one total joint replacement center in the southwest United States," says Anesthesiologist Gary Gonsalves, M.D. "If we want to be the best it means we constantly have to challenge what we think to be true and use evidence-based medicine to optimize patient outcomes."

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For patients on this pain management protocol, the amount of breakthrough pain is low and very manageable, Lee says.

"When we ask patients about their pain in previous experiences and how it compares to now, they say they find it is less painful now," Lopez says. "Patients tell us their pain (since the new protocol) is a 3 or 4 (on a scale of 1 to 10, 10 being the worst). In previous surgeries, their pain was a 7 or 8. This is a significant improvement."

"What a difference a new pain protocol can make. Up until that time, surgeons often had their own individualized style of pain management, explains Pharmacist Jeremy Lee, manager of Clinical Pharmacy Services. There was no standardization and it was difficult for nurses to try to follow different directions from each doctor.

"Some of the successes we saw in the post-operative period were so variable that we had to take another look at things and ask if there was a starting point in pain management that could potentially help everybody," Dr. Gonsalves says. It was found that Mayo Clinic's guidelines aligned with what Palomar Health wanted to do.

"Mayo's (pain management) protocol had bits and pieces of what everyone here was following," Dr. Gonsalves says. "So we took their protocol and used it as a base to build our own."

Palomar Health's new pain management protocol is that instead of having the patients wait until they have pain to take medications, pain meds should be scheduled before the pain begins and taken regularly. Pain medication begins before the surgery, under the new protocol.

"Before (the new pain management protocol), we would be chasing our tails trying to control the pain," says Dawn Lopez, orthopedic clinical coordinator at Palomar Health. "Now, because we start pain medication about a half hour before surgery, we are ahead of the curve a lot of the time."

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The new pain management protocol includes acetaminophen around-the-clock, non-steroidal anti-inflammatory drugs, and steroids to decrease inflammation and pain. In addition, every patient gets a local anesthetic cocktail injected directly into the bone around the joint during surgery. Every patient also gets a scheduled long-acting morphine-like drug.

"With less pain, come other benefits, including a shorter hospital stay and a lowered risk of infection since patients aren't in the hospital as long, Dr. Bried says.

"On behalf of Palomar Health, we are looking at other patient populations who might benefit from a similar approach," Dr. Bried says. "To have some uniformity (in pain management) would be beneficial for both nursing care and pain control of patients."

"Everyone seems to agree that consulting with Mayo Clinic on the new pain protocol was beneficial to the cause."

"It added a lot to the conversation and made everyone here more confident in what we were doing," Lee says.

"It gave credence to the position that we were trying to practice a scientific-based manner of caring for patients. It was helpful to have such a strong and learned institution, such as Mayo, behind us. It's a lot more viable to say, 'that's what they're doing at Mayo.'"

"Medicine is not a cookbook. A protocol is where you start, not where you necessarily end up," Dr. Gonsalves says. "We created this protocol and use it as a baseline. As physicians we evaluate how individual patients respond to the protocol and make any changes, if needed, to best fit each patient."

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"To learn more about the Palomar Health and Mayo Clinic relationship, visit www.PalomarHealth.org/Mayo."

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Palomar Health accepts most insurance plans including Medicare. To choose a physician, call 800.628.2880 or visit www.PalomarHealth.org/doctor.
When Emily Wilson Nguyen found out she was pregnant with her third son, she knew she wanted three things: a natural delivery, to deliver her baby at Pomerado Hospital's Birth Center and she wanted Dr. Damon Cobb to be her obstetrician.

“I knew I wanted a natural birth for this baby. My experience with my second son (by natural childbirth) was so much more positive than with my first son (not natural),” says Emily, 34, of San Marcos. “The healing was better and it had a profound personal impact on me – it gave me an experience I could draw on, and a real sense of accomplishment.”

She knew that OB/GYN Damon Cobb, M.D., would help her achieve this experience again.

Dr. Cobb is networked with resources in the San Diego birthing community and will work with doula, midwives and other health-care facilitators to help patients with their birth plan.

“There are many reasons some women choose natural childbirth,” Dr. Cobb says. “Some want to avoid any medications for them and their babies, and some want to experience what birth is truly about. My goal is to help a woman with the type of birth she wants to have. And, if she chooses natural childbirth, she should be empowered and educated (about it).”

One of the things Emily liked most about her experience with Dr. Cobb is that “he was very present” for the entire birthing process, she says. “He came in and checked on me often and was very supportive. But, he left most of the power in my hands,” Emily says. “I really like the fact that he honors what women want and need during their labor and deliveries.”

The Birth Centers at Palomar Health Downtown Campus and Pomerado Hospital provide comprehensive care that covers a woman's needs from pregnancy to delivery to baby's arrival at home. Each year, approximately 6,000 babies are born at Palomar Health’s two birth centers where state-of-the-art obstetrical units blend modern technology and comfortable, home-like furnishings. The birthing “suites” allow for a family-focused experience, with expert staff ensuring optimum care.

“The Birth Center at Pomerado Hospital is such a supportive environment,” Emily says. “The rooms are private, it’s relaxing and the laboring tub was a huge draw for me. Plus, our nurse was wonderful.”

In addition to a home-like birthing environment, 24-hour physician and midwife care, and in-house lactation consultants, a particularly valuable feature of the Palomar Health Birth Centers is the “Golden Hour.” After the birth, this “golden” period of time offers complete privacy between the baby and parents, with no visitors, baths or medications allowed.

“Once the baby is born, he or she goes straight to the mother’s chest and is not taken away for that first hour. This skin-to-skin contact for the mother and baby is a real bonding period,” Dr. Cobb explains. “Everything about the Birth Centers’ atmosphere is conducive to making a person comfortable and honoring their birthing wishes.”

To learn more, visit www.PalomarHealth.org/Women.
Minimally Invasive Gynecology

Palomar Health Downtown Campus Earns “Center of Excellence” Distinction

Palomar Health Downtown Campus was recently awarded the distinction of being named a Center of Excellence for Minimally Invasive Gynecology (COEMiG), and for both patients and staff it holds significant importance.

“To patients, a COEMiG means we have gone above and beyond in establishing care that improves safety, efficiency and best clinical practices,” says Chris Ryan, nurse manager of Outpatient Surgery at Palomar Health Downtown Campus.

To the staff, becoming a COEMiG “provides a challenge in constantly proving that this is a systematic culture of excellence,” Ryan says.

A COEMiG facility also means that “there are certain protocols or pathways for procedures along with a standardization of care and quality that every patient gets,” says OB/GYN Brano Cimmar, M.D., director of Women’s Services at Palomar Health.

This standardization of care includes the patient’s entire experience, from their doctor’s office visit to their procedure to their discharge and then their post-op visit.

“It’s not just about what happens in surgery, it’s also about what happens before and after surgery,” Dr. Cimmar says.

The application process to become a COEMiG is rigorous. Applicants must meet a strict list of requirements. Once the center and its surgeons achieve this prestigious designation, they must continue to work hard to keep it. They are re-evaluated and the site is inspected every three years.

By complying with the COEMiG requirements, surgeons and facilities demonstrate a commitment and ability to consistently deliver the highest level of minimally invasive gynecologic surgical care possible. Earning the COEMiG designation signifies that the facility and surgeons are among the best in the specialty.

A COEMiG designation also distinguishes minimally invasive gynecology programs from other medical specialties. Participation in the COEMiG program ensures that administration and staff understand the benefits of minimally invasive gynecology versus traditional open surgical methods.

To become a COEMiG, a certain number of minimally invasive procedures must have been performed at the facility. In the last 12 months, at least 50 hysteroscopies and 75 laparoscopies must have been performed.

“We were well over the number of minimally invasive procedures required,” Ryan says.

According to Ryan, individual OB/GYN physicians must also perform a required number of minimally invasive procedures. In the past two years, doctors must have done at least 25 hysteroscopies and 50 laparoscopic procedures.

“For patients, it means they have a surgeon who has met all the qualifications for a COEMiG, including performing a certain number of procedures of varying complexity,” Dr. Cimmar says.

In addition, the facility must have all the necessary equipment that supports these procedures, plus develop a standardization of nursing education for minimally invasive gynecologic surgery.

“All physicians in a COEMiG are obligated to track their minimally invasive gynecologic procedure outcomes and make that (data) available for studies,” Dr. Cimmar says. “Tracking (data) helps us compare ourselves to other centers around the country and might tell us where we may need to improve.”

The medical staff at Palomar Health Downtown Campus is proud of their new designation, Ryan says.

“The people at the Downtown Campus do good work and they care,” she says. “They care enough to make the necessary changes and show off their good work.”

To choose an OB/GYN affiliated with Palomar Health, call 800.628.2880 or visit www.PalomarHealth.org/Doctor.

It’s time for my annual mammogram. Is thermal mammogram a better screening option than my traditional mammogram?

A thermal mammogram or thermogram is not a substitute for a mammogram, an X-ray of the breast.

A thermogram is an infrared color image that detects increased body heat at the skin surface and uses no radiation. It can help to detect inflammation or heat from increased blood flow in a cancer near the skin surface. However, a cancer in the deep tissues of the breast may not be detected on a thermogram.

Although thermograms were approved by the FDA in the 1980s for clinical use, more recently the FDA has issued warnings to multiple facilities for falsely advertising that thermograms can replace mammograms, a claim that is unsupported by scientific data. If a thermogram is abnormal in the breast, a mammogram is still needed in order to detect if a cancer is present.

Mammography is still the most effective screening tool to detect breast cancer at its earliest stages. Facilities that perform and read mammograms are highly regulated while facilities performing and reporting thermograms are not.

The best proven screening study to detect breast cancer at an early, treatable stage is a mammogram. Medical associations, including The American Cancer Society, the American Society of Obstetricians and Gynecologists, and the American College of Radiology recommend screening mammograms for women starting at age 40 and every year thereafter while in good health.

However, if you discover a lump or have any other breast concern, don’t wait. Consult your doctor to get evaluated. A diagnostic mammogram and/or ultrasound may be necessary.

I have osteoarthritis in my knees. Why would joint supplements be of benefit to me?

Glucosamine and chondroitin are commonly referred to as joint supplements. These are molecules found in normal cartilage, and there is hope that ingesting them may help with joint cartilage problems.

We know that glucosamine and chondroitin do not reverse the wear-and-tear seen in osteoarthritis, but some studies have shown that there are beneficial effects of relieving symptoms over a short period of time.

Most long-term studies, however, show no better effect on relieving symptoms than a placebo. In fact, the American Academy of Orthopedic Surgeons recommends against glucosamine and chondroitin for treatment of knee osteoarthritis. Furthermore, because these are unregulated supplements, a particular brand of glucosamine or chondroitin may or may not be of satisfactory quality.

More research and better quality studies are needed before we can accept supplements as an effective treatment for osteoarthritis. What is known, is that there are effective treatments for osteoarthritis that every patient should be using before considering these supplements. These include weight control, exercise, proper use of medications and joint protection. These treatments are known to minimize the progression and improve the symptoms of osteoarthritis and should be implemented by all arthritis patients for optimal treatment.

Free Your Knees

Pomerado Hospital, Conference Room C/D
Tuesday, September 30 6 – 7:30 p.m.
Join Orthopedic Surgeon Philip Balkian, M.D., for a discussion on the latest advances in treatment including minimally invasive partial and total knee replacement.

To choose a physician, or to register for a class, call Palomar Health at 800.628.2880.
Dr. Rosenburg has already used robotic surgery to perform a lung biopsy and to remove an abnormal growth from the lining of the chest wall.

"We are working toward being able to use (robotic surgery) for lung cancer," he says. "It affords better lymph node dissection so you have a more enhanced and complete cancer operation."

Robotic lung surgery also enables the surgeon to view the lung structures from the front of the chest wall, an approach that more closely resembles open surgery.

While there are many advantages to robotic chest surgery, people who have a very advanced disease, heavily calcified lymph nodes or who have had repeat operations may not be ideal candidates. "I’m very excited about the benefits for patients who are appropriate candidates. The entire surgical experience should be easier and shorter for them," Dr. Rosenburg says. "I believe robotic thoracic surgery will provide very positive results and benefit patients with lung cancer in North County."

To learn more about robotic surgery at Palomar Health, visit www.PalomarHealth.org/daVinci.  

**THERE’S A NEW ROBOT IN TOWN**

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 www.PalomarHealth.org/daVinci.

**THE MORTALITY RISK FOR AAA IS 75 TO 90 PERCENT, MAKING IT THE THIRD LEADING CAUSE OF DEATH IN MEN OVER 60.**

Unfortunately, many health insurance companies do not pay for AAA screening. However, Medicare now pays for a one-time screening for people who may be at risk for AAA.

Since January 2007, Medicare has covered AAA screening for new male enrollees with a history of smoking under the Screening Abdominal Aortic Aneurysms Very Efficiently (SAAAVE) Act.

The law provides for a one-time AAA screening as part of the "Welcome to Medicare" physical exam for male past-or-present smokers and both men and women with a family history of AAA. The physical exam must be conducted during the first 12 months of enrollment in Medicare.

"The screening test is safe and done by ultrasound. It’s painless and takes about 30 to 40 minutes," Dr. Chang says. "The good news is, if you get screened and it’s negative you usually don’t even need another screening."

Because AAA is such a serious problem, it’s imperative that everyone be aware of it and what causes it. "The risk factors for AAA are anything that can negatively affect blood vessels," Dr. Chang says. "We have many tools that allow us to treat AAA and we can do so with both endovascular and open surgical techniques. We just need to identify the patients who have the problem. That’s why screening is so necessary."

To learn more, or to schedule a screening with a vascular surgeon affiliated with Palomar Health, call 800.628.2880.
Stereotactic Radiosurgery Offers New Treatment Option for Prostate Cancer Patients

When a routine annual physical exam discovered that Gordon Henslee’s PSA (prostate-specific antigen) count had almost doubled in a year, he knew he had to take action.

An examination by a urologist determined he had prostate cancer. Because it had not advanced, he had different treatment options available. After studying the various alternatives, speaking with other prostate cancer patients and talking it over with his wife, Gordon decided on stereotactic radiosurgery.

“I’m just delighted with the results,” says the 73-year-old retired tax accountant from Rancho Bernardo. “It was completed in just five treatments and it wasn’t painful at all. Today, I’m cancer free.”

What is Stereotactic Radiosurgery?

“Stereotactic radiosurgery is a way of treating patients with radiation using a very precise means of targeting the tumor,” says Radiation Oncologist Brian Volpp, M.D., who performed Gordon’s procedure at Palomar Health Downtown campus using the Novalis Tx system.

The Novalis Tx is a unique system, Dr. Volpp explains, because it has a CT scanner built into it and allows doctors to see exactly where the prostate is from day to day – very important since the prostate can move from one day to the next.

“The older techniques require more tissue around the prostate to be radiated. With our machine, we can bring it down to just 5 millimeters,” he says. “That’s a significant decrease in the normal tissue that gets radiated and less risk of damaging tissue.”

Radiosurgery also allows the patient to receive higher doses of radiation per day.

“With radiosurgery, we can do an entire course in just five treatments – one every other day – and be done in just a week and a half,” Dr. Volpp says.

The only slight disadvantage of stereotactic radiotherapy is that because it is newer than other therapies, it doesn’t offer long-term follow-up data.

“However, we do have good preliminary data, at least up to five years, and it’s no worse and probably better than the traditional radiation approach,” Dr. Volpp says, noting that the therapy has been offered as a treatment as part of an Institutional Review Board-approved protocol for prostate cancer at Palomar Health for more than five years.

In the early days of stereotactic radiosurgery, the therapy was used only for low-risk patients with a good prognosis. As the therapy continued to produce successful outcomes, it is now used for both low- and intermediate-risk patients.

“I anticipate in another year or so, we may be treating everyone with it, even high-risk patients,” Dr. Volpp says. “The real benefit we’re seeing is that stereotactic radiosurgery is more convenient and data suggests it’s more effective in curing prostate cancer.”

Two years after having successful stereotactic radiosurgery, Gordon would agree.

“I have been in touch with friends and told them about my experience,” he says. “I give radiosurgery my highest recommendation.”

To learn more about Stereotactic Radiosurgery visit, www.PalomarHealth.org/Radiosurgery.

Treatment Alternatives

The right treatment for prostate cancer depends on the stage of cancer and how aggressively the cancer cells are growing.

Treatment options at Palomar Health include:

Traditional open surgical prostatectomy, which is performed through an 8- to 10-inch incision in the lower abdomen to access and remove the prostate. This technique allows surgeons to remove the prostate and any nearby cancerous lymph nodes.

The da Vinci prostatectomy uses robot-assisted laparoscopic surgery to remove the diseased prostate following early diagnosis of prostate cancer.

The da Vinci prostatectomy offers less pain and a faster recovery than open surgery.

Brachytherapy is the implanting of radioactive seeds in the prostate using ultrasound guidance. Over the course of several months, the seeds give off radiation to the immediate surrounding area, killing the prostate cancer cells.

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When faced with the reality of having a life-threatening disease, most of us run the emotional gamut from shock and denial to despair and gut-wrenching fear.

When Patricia Ogundare received her diabetes diagnosis two years ago, the otherwise measured, soft-spoken woman was overcome with only one emotion... anger: “I was very, very angry,” recalls Patricia. “I thought my body had betrayed me.”

Proud of her health and vitality and far from overweight, the petite Patricia found she was also overweight. “If I had diabetes, it must be my fault,” explains Patricia.

Well, the Patricia I met recently was all smiles as she came bounding through the park on her morning power walk toward our meeting spot at Lake Hodges.

Through diet, exercise and a positive attitude, Patricia is successfully controlling her diabetes without medications.

“They go to the gym first thing in the morning, use the elliptical, do strength training and sit-ups,” says Patricia. From there, she heads out for a five-mile trek through Rancho Bernardo. “Instead of waking up and taking a pill, I wake up, eat and take a walk – that’s my medication!”

Before her diagnosis, Patricia was blissfully unaware of the ticking time bomb inside her. She’d come to the doctor for treatment of a bloody nose. A routine work-up revealed her blood glucose was a dangerously high 300. Today, that number has dropped to a healthy 119. “I still have diabetes,” she acknowledges. “But it’s under control.”

“Cardiac ablation has been around for a while now and we are always striving to make it better,” says Palomar Health Electrophysiologist Navinder Sawhney, M.D. “The technology has come a long way in recent years and now, with the Thermocool SmartTouch™ catheter, we’re able to do it even more safely and effectively.”

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

“Cardiac ablation is not curable. No matter how successful a medical procedure, often there’s still room for improvement. Such is the case with cardiac ablation which corrects heart arrhythmias like atrial fibrillation (Afib).”

“Atrial fibrillation, or Afib, affects approximately one percent of the population or about 3 million people, “and the number is growing as the population ages,” Dr. Sawhney says. “The new (SmartTouch™) ablation catheter definitely has a lot of potential to improve what we’ve been doing.”

To learn more about Cardiovascular Services at Palomar Health, visit www.PalomarHealth.org/Cardiac.

The seventh leading cause of death, diabetes now affects 29 million Americans. I sat down recently with Vivik Nazareth, M.D., to learn more about this rising epidemic.

Carol: We hear so much about the surge in diabetes. How concerned are you?
Dr. Nazareth: The recent rise in the number of newly diagnosed diabetics is unprecedented. One in four Americans don’t even know they have diabetes.

Carol: What’s the problem?
Dr. Nazareth: It’s a combination of factors including genetics, environment and lifestyle choices – poor eating habits, being less active and more stressed.

Carol: What about genetics?
Dr. Nazareth: Family history and ethnicity play a role. Certain ethnic groups including African Americans, Hispanics, Native Americans and Asians are at increased risk.

Carol: So, in some cases, diabetes is preventable. Is it also reversible?
Dr. Nazareth: Slow and steady, diabetes is not curable. However, it is controllable with regular exercise, healthy eating, adequate sleep and relaxation – often in conjunction with the use of medications.

Carol: They call diabetes the “silent killer.” What can be done for earlier detection?

Dr. Nazareth: At the early stages of diabetes, most people do not have symptoms. It is recommended that all adults be screened every three years after the age of 45, and even earlier for those with risk factors.

Carol: Is there help for the newly diagnosed?
Dr. Nazareth: Absolutely. We have a team approach at Arch Health Partners. Our patients have access to dieticians, nurse educators, physicians, diabetes support classes and more. Family members need to be involved, too.

Carol: How soon?
Dr. Nazareth: If everybody’s not on board, the chance of success goes down.

Carol: How do you motivate your patients to take action?
Dr. Nazareth: For diabetics, death isn’t the worst thing that can happen. Living with complications like blindness, kidney failure, amputation, etc. that result in significant disabilities is a lot worse.

Carol: Sounds like a diabetes diagnosis could be a real wake-up call?
Dr. Nazareth: So, why have you been sleeping?

No matter how successful a medical procedure, often there’s still room for improvement. Such is the case with cardiac ablation which corrects heart arrhythmias like atrial fibrillation (Afib).

“Cardiac ablation has been around for a while now and we are always striving to make it better,” says Palomar Health Electrophysiologist Navinder Sawhney, M.D. “The technology has come a long way in recent years and now, with the Thermocool SmartTouch™ catheter, we’ve been able to do it even more safely and effectively.”

Cardiac ablation usually caters catheters inserted through a vein in the groin and threaded to the heart to correct structural 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 the past, X-rays, and later ultrasound, were added to help see where the catheter was in the body. The problem was that these methods only produce a two-dimensional image. Later a three-dimensional image of the heart chambers became available with advanced mapping systems such as the Carto™ 3 that can localize an ablation catheter via a magnetic field.

“However, even with three-dimensional navigation systems, we still never had any way of knowing how much contact we had with the heart tissue and the catheter,” Dr. Sawhney says. “Because the heart is beating and moving the entire time of the procedure, it’s difficult to gauge the contact with the heart tissue.”

In February, the Food and Drug Administration approved a new catheter, the Thermocool SmartTouch™, with sensors that allow the physician to know precisely how much contact is being made with the heart tissue. Palomar Medical Center began using the SmartTouch™ in June.

“The advantage of it is that it gives a better sense of contact so we can make a better lesion,” Dr. Sawhney says.

The outcome success rates appear to be improving with the use of this new technology.

“The new catheter means there are fewer X-rays so the patient receives less radiation,” Dr. Sawhney says. “And, by making more precise lesions, it means better outcomes because we don’t have to go back and ‘touch things up’ later.”

To learn more about Cardiovascular Services at Palomar Health, visit www.PalomarHealth.org/Cardiac.
Typical symptoms of a concussion can include:

- Headache
- Dizziness and/or imbalance
- Ringing in the ears
- Blurred vision
- Confusion
- Memory difficulties
- Nausea
- Vomiting

Approximately 80 to 90 percent of people suffering concussion symptoms will resolve those symptoms in 10 days or less, Inocelda says.

“It’s important to get immediate medical attention, especially with children and teenagers. Immediately following a concussion, mental and physical rest are important. Too often people with a concussion will continue to use the computer and phone and watch TV and that ends up perpetuating their symptoms,” Inocelda says. “For example, they may have a headache and try to push through it, but their brain is telling them it’s overloaded and they should stop.”

A second head injury shortly after the first injury can be potentially fatal, Dr. Blumenfeld says.

“If you have a second impact before you have fully recovered from the first, the brain swells and compresses important structures in the brain. This slows down your natural healing process, puts you at risk and can even lead to death,” he explains.

Today’s certified athletic trainers are in tune with concussion guidelines, which state that any athlete suspected of experiencing a concussion be removed from play. Athletes can be returned to play only after they’ve been examined by a medical doctor or osteopathic physician.

When a young athlete is brought into a Palomar Health Emergency Department for a suspected concussion, it’s left to the discretion of parents and/or coaches to seek further guidance and treatment at The Concussion Center of Southern California, just a block from Palomar Medical Center. Head trauma in young children is very common, but concussions can also happen while participating in any sport activity such as football, hockey, soccer, skiing or snowboarding.

The signs and symptoms of a concussion can be subtle and not immediately apparent. Symptoms can last for days, weeks or even longer.

Dealing with Dizziness

Palomar Health Downtown Campus, Graybill Auditorium
Monday, November 10
6 – 7:30 p.m.

Dizziness is one of the most common reasons adults visit a physician. Join Andrew Inocelda, neurology physician assistant, as he discusses symptoms, diagnosis and treatment options for dizziness.

FEE: Free – registration required
For a physician referral, or to register for a class, call Palomar Health at 800.628.2880.