



Four Myths— Plus the Facts— About Breast Cancer

Scott Allen, M.D., *General Surgery*



Dr. Allen is a general surgeon on staff at USMD Hospital at Arlington. If you need a specialist, please call (888) 444-USMD for a free physician referral.

Here's a hard truth about breast cancer: About one in eight women will develop the disease in her lifetime. But breast cancer myths also abound. Do you believe any of them?

MYTH #1: If you find a lump, it's probably cancer.

A lump or a thick spot in your breast or near your armpit is one possible sign of cancer. But most breast lumps are not cancerous.

See your physician if you have a lump or another change to your breast.

MYTH #2: Most women who get breast cancer have a family history of it.

Yes, having a mother, sister, or daughter with breast cancer is a risk factor for breast cancer. But only about one-fifth to one-third of women with breast cancer have a close relative with the condition.

MYTH #3: Exercise prevents heart disease, not cancer.

Studies show working out slashes breast cancer risk — no matter how late in life you start. The American Cancer Society recommends you sweat for 45 to 60 minutes at least five days per week.

Recent research also suggests exercise benefits breast cancer survivors. For instance, those with swelling in their arms and legs reduced their symptoms and increased their strength by lifting weights.

MYTH #4: Breast cancer rates are on the rise.

After increasing for decades, breast cancer rates have begun declining — about 2 percent per year. Some experts think this is partly because fewer women take hormones during menopause, after a 2002 study showed they increase breast cancer risk.

More good news: Women are also increasingly likely to survive breast cancer. Earlier screening, better treatments, and increased awareness may be to thank. ■



Ellen Parrill, M.D., *Gynecology and Robotic Surgery*



Dr. Parrill is a gynecologist on staff at USMD Hospital at Arlington. If you need a specialist, please call (888) 444-USMD for a free physician referral.

A Better Hysterectomy: The Future Is Now

Robotic surgery is gradually becoming more and more mainstream. It has been featured on TV shows such as “Grey’s Anatomy” and “Private Practice” as a state-of-the-art surgical option.

But what is robotic surgery? Does it mean something like “Master Luke, I fear the spleen is in my way?” No, you can rest assured that if you have robotic surgery, your physician is still the one in control. The robot is best thought of as an extension of your physician’s hands. This technology enables many surgical cases to be done in a minimally invasive way that previously would have required a more traditional approach

via a large abdominal incision.

One rapidly growing use for the robot is for hysterectomies. More than 500,000 hysterectomies are done every year in the U.S. And one out of three women have had a hysterectomy by the age of 60.

Physicians can use the da Vinci Surgical System® to perform robot-assisted surgery. Using the da Vinci Surgical System for gynecologic surgery has several advantages for patients. This includes less pain, minimal blood loss (less need for blood transfusion), fewer complications, shorter hospital stay, quicker recovery, and less scarring.

The majority of hysterectomies in the

U.S. are still being done through a large abdominal surgery. But now at USMD, that is changing. By using the robot, surgeries can be done in a minimally invasive fashion for severe endometriosis, large fibroids, pelvic adhesive disease and chronic pain.

USMD hospital had one of the first robotic systems in Texas and now has the largest robotic surgery program in the state. Some experts are now saying that when a hysterectomy is necessary, the da Vinci Robot should be considered over a traditional abdominal hysterectomy due to the many benefits.

I have been doing robotic surgery for over five years, and I’m still amazed at the speedy recovery that my patients routinely have. Less than 5 percent of the time my patients require the large abdominal surgery. I believe that the future is now here at USMD Hospital at Arlington. In fact, I believe the future has been here for several years. Our combination of experienced staff, anesthesiologists, and surgeons is a distinct advantage for a patient needing this type of procedure. ■

Preventing and Treating Kidney Stones with Diet Changes

Dietary factors that put people at risk for kidney stones include not drinking enough fluids, drinking too much caffeine, eating too much salt and protein, and eating too much oxalate (commonly found in chocolate, peanuts, spinach, tea, and black pepper). Eating too much calcium is not usually the cause of stones.


The biggest cause of kidney stones is not drinking enough liquids. Many patients can prevent their stones from forming just by greatly increasing the amount they drink. We recommend that you drink enough to make more than half a gallon (83 oz, 2.5L) of urine per day. This means drinking much more than that volume, especially in warmer weather. No single intervention makes more of an impact in preventing stones than drinking large amounts of noncaffeinated fluids.

The second most successful intervention is cutting back on salt intake. High salt diets increase the

amount of calcium in the urine, thus increasing calcium stone production. We recommend limiting salt intake to 2,500 to 3,000 mg per day. Some people benefit from limiting their oxalate intake as well, as stated above. In those patients who have low urine levels of citric acid or magnesium, taking supplements of these elements may prevent future stones.

Most of the time, these diet changes will greatly reduce the number of stones that a patient will make.

But how do you know if you are drinking enough fluids and eating the correct foods to prevent stones? There are two elements: 1) chemical analysis of your stones, to identify the exact type and 2) chemical analysis of your urine to see what chemicals are too high or too low and therefore creating the stones. ■

 **OUR PHYSICIANS CAN HELP**
you improve your diet and
prevent kidney stones. Call **(888)**
444-USMD for a free referral.



Harrison Abrahams, M.D.,
Urology and Robotic Surgery



Dr. Abrahams is a urologist on staff at USMD Hospital at Arlington. If you need a specialist, please call **(888) 444-USMD** for a free physician referral.



KIDNEY STONES RISING IN CHILDREN

Kidney stones in children, once rare, have increased sharply in the last few years.

Most people who develop this painful condition are 20 to 50 years old. But it's now common enough among kids that some hospitals conduct kidney

stone clinics for children. A study in *The Journal of Urology* that looked at data from 42 pediatric hospitals found the number of children with kidney stones rose from 125 in 1999 to 1,389 in 2008. That's an 11-fold increase.



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UPCOMING SEMINARS

The following FREE seminars will be offered at USMD Hospital at Arlington.

Bariatric Seminar

Dr. Lyons and Dr. Dyslin
6 p.m.

- November 17
- December 15
- January 19

Find out if procedures such as adjustable gastric band placement or sleeve gastrectomy are an option for you. Our program offers all three types of minimally invasive, robotically assisted surgical procedures.

ED and Incontinence Seminar

Dr. Price
November 8 at 6:30 p.m.
Learn about treatments for erectile dysfunction and urinary incontinence, from new drugs to penile implants.

To sign up for one of these **FREE** seminars, visit our website at usmdarlington.com and click on "Seminars & Events," or call **(888) 444-USMD**.

LIVING healthy

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Deciphering Digestive Disorders

Living with digestive disorders is uncomfortable and wreaks havoc on your daily life. Digestive disorders can range from an occasional upset stomach to more complex conditions such as irritable bowel syndrome.

If you regularly experience symptoms such as heartburn, gas, constipation, diarrhea, or stomach pain, you may have a digestive disorder.

Although some digestive disorders can produce similar symptoms, treatment approaches vary. That's why an accurate diagnosis by your doctor is the essential first step in managing your condition.

Depending on the condition, your doctor may recommend lifestyle changes, dietary modifications, medications, or a surgical procedure. ■

Three New Physicians Join USMD

Gastroenterology Associates of North Texas (GANT) is committed to delivering compassionate care as we provide screening, diagnosis, and treatment for gastroenterological disorders. GANT is pleased to announce that three of our physicians will now be seeing patients at USMD Hospital at Arlington. ■

THE GANT OFFICE IN ARLINGTON is open 12:30 to 5 p.m., Tuesday and Thursday. It is located at 811 West Interstate 20, Suite 224, Arlington, TX 76017



Syed Sadiq, M.D.

Dr. Syed Sadiq received his initial internal medicine training at St. Louis University Hospital in St. Louis. He is married with four children and enjoys reading, traveling with his family around the world and in the U.S., and actively taking part in sports.



Kamal Syed, M.D.

Dr. Kamal Syed received his medical degree from The Aga Khan University Medical College in his native homeland of Karachi, Pakistan. He and his wife, Samira, have three children. In his leisure time, Dr. Syed enjoys reading, playing tennis, and traveling.



Joseph Shelton, M.D.

Dr. Joseph Shelton received his medical degree from the Baylor College of Medicine in Houston. He and his wife enjoy spending time with their children. In his spare time, Dr. Shelton enjoys outdoor activities, motorcycles, and traveling.