

LIVING healthy

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 **USMD** HOSPITAL
AT ARLINGTON

For a variety of reasons, breast health is a topic of great interest to women. And since one in eight women will develop breast cancer at some time in their lives, the importance of early detection—by way of routine self-exam, mammography, and regular checkups—cannot be overemphasized. When breast cancer is detected, numerous treatment options exist, with the optimal plan being determined by the general surgeon and oncologist. If a mastectomy is recommended, a plastic surgeon may be consulted regarding breast reconstruction.

Breast reconstruction can be immediate (initiated at the time of the mastectomy) or delayed (started after all cancer treatment has concluded). In general, there are two categories of breast reconstruction procedures. One involves using a balloon-like device, called a tissue expander, to manipulate the soft tissue (skin and muscle) at the mastectomy site in a way that creates space for placement of a breast prosthesis performed at a later, second stage procedure. The other category of reconstructive procedures involves using the patient's own tissue, frequently from the abdomen, to create a new breast mound. Commonly, if the mastectomy is unilateral, modification of the opposite breast (breast reduction or breast lift) is recommended to achieve a symmetrical result.

Other concerns can include problems related to size, shape, and position of the breasts and can result from pregnancy, weight loss/gain, or simple aging. Procedures available to address these concerns include breast augmentation, reduction, and lifting. For more information, please visit our website at www.usmdarlington.com. ■

James Ward, M.D., Plastic Surgery



Dr. Ward is a plastic surgeon on staff at USMD Hospital at Arlington. To schedule an appointment with him, call (888) 444-USMD.



Breast Health and Reconstruction



Prevent Back Pain at Work

Low back pain is a very common problem. Eighty percent of the population will experience a bout of low back pain at some point in their life. Eighty-five percent of the time the pain is self-limited and resolves on its own. It is only in a minority of patients that the low back pain will continue and become a problem. With advancing age, most adults will develop some spinal degeneration consisting of a drying out of the intervertebral discs and other arthritic changes in their spines. These conditions can be aggravated by being deconditioned, using poor body mechanics and lifting improperly. Being overweight compounds the problem.

Fortunately, there are strategies that you can use to reduce your risk.

Get in Shape and Stay Physically Fit

Being overweight and out of shape is a dangerous combination due to the excess stress and pressure they place on the spine. A fit body can better support the spine.

Get in shape by doing aerobic conditioning on a treadmill, stair machine, or elliptical trainer. This accomplishes two things: It strengthens the trunk muscles (core strength) so they can support the spine and it burns calories, which can lead to weight loss.

Lift Properly

Even office workers may occasionally have to lift a box of files or a heavy stack of mail. If you do, make sure to:

Jacob Rosenstein, M.D., Neurosurgery



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- Stand close to the object
- Place your feet shoulder-width apart
- Bend at the knees and tighten your stomach muscles
- Lift with your leg muscles as you stand up
- Never twist your spine—pivot your feet to change directions

Do these steps in reverse as you put the object down.

Adjust Your Workstation

Start by adjusting your chair to support your back. Then adjust the lumbar support to fit your low back's inward curve. Adjust the height so your feet can rest flat on the floor. Place your computer monitor and keyboard directly in front of you.

Keep Moving

Avoid sitting in one position for hours at a time. Make it a point to take a break every hour and get out of your chair to walk. Doing so will stretch and strengthen the muscles in your back.

Don't Smoke

Smoking accelerates arthritic changes in your spine, not to mention the ill effects it has on your heart, lung, kidneys, and every other organ in your body. ■

DO YOU NEED A PHYSICIAN? LET US HELP!

USMD offers a *FREE* physician referral service. Just call **888.444.USMD** and receive the names and contact information for up to three physicians who best meet your specific needs. You will receive the information when you call. A letter will also be mailed the following day that includes the physician contact information.

Physician referrals can be made based on physician specialty, office location and hours, insurance accepted,

gender, and bi-lingual criteria. Calls are answered by a live person 24/7, 365 days a year. There is no limit on the number of times you can use this physician referral service. Spanish can be accommodated by a live operator. Other languages are handled through an online interpretation program.

Whenever you need a specialist, call **888.444.USMD** for your free physician referral.

There's Help for Pelvic Floor Disorders



They're not the kind of moments you discuss at the dinner table. But they happen every day to millions of women nationwide:

- Urine leaks when they cough, sneeze, jump, laugh, or lift something heavy
- Difficulty making it to the bathroom on time to urinate due to urgency
- Feelings of fullness, discomfort, or a bulge in their lower abdomen or vaginal area

These can be the signs of urinary incontinence or pelvic floor disorders.

Time Takes Toll on Muscles

Your pelvic floor muscles hold up your bladder, uterus, and other pelvic organs. Childbirth, pregnancy, obesity, or simply aging can weaken these muscles.

The result often is urinary incontinence, which is the involuntary loss of urine. Also, your bladder, uterus, rectum, or the back wall of the vagina (if a hysterectomy has been done) may protrude in the vagina and even out of the vagina due to weak pelvic floor muscles. This

is called pelvic organ prolapse.

In a new national study, nearly one-fourth of women ages 20 and older had symptoms of at least one pelvic floor disorder. The condition is more common with age.

Check Your Pelvic Health

Even the report's estimates may be too low, experts say, because they did not include women with milder symptoms in the study. Rather, they studied women whose symptoms are classified as moderate or severe. Symptoms include: leaking urine and having trouble holding bowel movements. Other signs include:

- A feeling of heaviness, fullness, or pulling in the pelvis
- A sensation that something is falling out of your vagina
- Pain during sex
- Difficulty having a bowel movement or emptying your bladder

Talk with your physician about these problems and get the treatment you need. Lifestyle changes, such as avoiding caffeine or losing weight, may help the problem. Medications also may help.

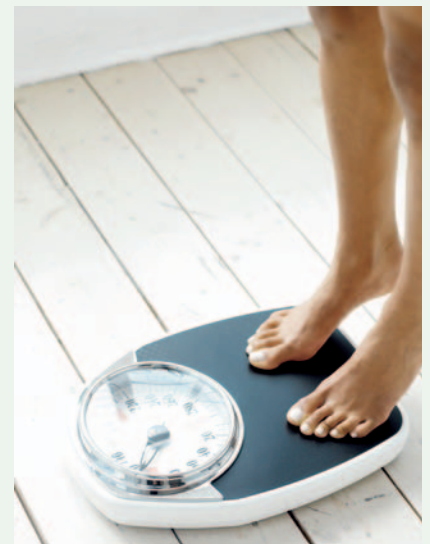
Other therapies include pelvic exercises known as Kegels. For women with more severe symptoms or who fail more conservative therapy, surgery is an option. It can help improve urinary incontinence and pelvic organ prolapse. Most of these surgeries are performed in a minimally invasive manner and are very successful. ■

KEEPING OFF THE POUNDS CAN HELP YOU AVOID BLADDER PROBLEMS

Many women gain a little weight as they age. But each one of those added pounds may put you at risk for urinary incontinence (UI). UI is common among obese women. But a study recently found that you don't have to be obese or even overweight to suffer from UI. Women with a body mass index (BMI) of 23 to almost 25—well below a BMI of 30, which is considered obese—are at risk for UI. For each 2.2 pounds gained after age 18, the risk of developing frequent or severe incontinence increases by 3 percent.

Researchers don't yet understand the link between excess weight and UI. It might be that the extra pounds put pressure on the abdomen and pelvic muscles.

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SEMINARS

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

Bariatric Seminar

Dr. Lyons and Dr. Dyslin
October 21 at 6 p.m.
Find out if weight-loss surgery is an option for you.

Men's Health Seminar

Dr. Bevan-Thomas and Dr. Price
September 28 at 6:30 p.m.
Get the facts about prostate cancer, ED, and other men's health issues.

WOMEN'S HEALTH SERIES

Health Screenings Seminar

Dr. Dickey and Dr. Kline
October 6 at 6:30 p.m.
A gynecologist and colorectal surgeon discuss yearly screenings, hormones, prevention, and treatment options.

Breast Health Seminar

Dr. Jones and Dr. Freer from Solis
October 13 at 6:30 p.m.
A breast health discussion about prevention, screening, and reconstruction/surgical options.

Bladder Health Seminar

Dr. Xavier and Dr. Cannon-Smith
October 20 at 6:30 p.m.
Get the facts about pelvic floor disorders, incontinence, slings, and bladder health.

To sign up for one of these **FREE** seminars, visit usmdarlington.com and click on "Seminars & Events."

LIVING healthy

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Painful Stones in the Urinary Tract Can Be Treated

Ask anyone who has tried to pass a kidney stone and odds are they will say it was the most painful experience of their life. Patients often rank the pain higher than pain from broken bones and natural childbirth.

Urinary stones are most common in patients who are ages 20 to 50 years old, but they can occur at any age. Stones are more common in patients who live in warm climates, possibly due to dehydration from the hot weather. Those living in the southern United States live in a region termed "the stone belt" because of the increased prevalence of urinary stones. Certain dietary factors can influence one's risk for having stones. Most notably, those who do not drink enough noncaffeinated fluids are at highest risk, as are those who eat high-fat, high-protein, and high-salt diets.

Not all urinary stones cause symptoms, but the ones that block the urinary tract can cause severe pain in the side of the abdomen. Symptoms of a blocking stone can also include fever, nausea, vomiting, bloody urine, and difficulty urinating.

Urine, blood, and X-ray testing are necessary to diagnose a stone in a patient. These tests are often performed in the emergency room setting.

Most small stones will pass spontaneously without surgery. We often give medications to try to help improve passage.



Stones that do not pass are treated with minimally invasive surgical techniques, such as sound-wave lithotripsy (ESWL), ureteroscopy, laser lithotripsy, and percutaneous surgery.

USMD Hospital at Arlington has a full staff of urologists who offer the latest technology to help patients with stones. For more information, visit www.usmdarlington.com. ■

Harrison Abrahams, M.D., Urology



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