

LIVING healthy

Summer 2010

USMD Hospital
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Hernias occur when the stomach, intestines, or other organs in your abdomen poke through a tear or weak spot in the muscle. A hernia might feel like a lump in your groin or belly. The bulge often hurts or gets bigger when you cough, lift something heavy, or strain to go to the bathroom.

Some people are born with hernias. Others develop them because they are overweight, lift heavy objects, have chronic coughs or constipation, or play sports involving fast twists and turns such as hockey and tennis. Your organs also can push through a scar if you've had surgery on your abdomen.

Identifying a Hernia

The different types of hernias occur in different areas of the body:

- Groin hernias are more common in men.
- Women are more likely to have femoral hernias. These occur on the upper thigh.
- Babies often have umbilical hernias. These form when the muscles around the belly button don't join properly.
- Hiatal hernias can cause heartburn or acid reflux disease. They develop when the stomach bulges upward through a wall of muscle into the chest.

Treatment Stops the Pain

Talk with your doctor if you think you have a hernia. Some hernias, including groin hernias in men, don't need to be treated until they begin causing pain.

Surgery often is needed to relieve symptoms. It also prevents what is called a strangulated hernia. This rare but serious complication occurs when the misplaced organ loses its blood supply and dies.

Your surgeon will move the organs back to the right spot. Then, he or she may sew a piece of mesh or a tissue graft into the muscle. Most hernia operations are successful. Few people get another hernia later. ■

You Can Bounce Back from a Hernia

**Benjamin Bowers, M.D.,
General/Vascular Surgery**



Dr. Bowers is a general surgeon on staff at USMD Hospital at Arlington. To schedule an appointment with him, call (817) 275-3309.

ULTIMATE SUMMER FRUIT SALAD

INGREDIENTS

2 peaches
2 plums
2 pears
1 cup strawberries, hulled
½ cup blueberries
½ cup raspberries
½ cup green grapes
1 cup cherries, halved and pitted
2 kiwi

DIRECTIONS

Wash fruit under running water. Remove pits, stems and seeds, and cut peaches, plums and pears into bite-size pieces. Toss with strawberries, blueberries, raspberries, grapes and cherries. Pare and slice kiwi for garnish. Top with yogurt if desired.

Divide this salad among six people and each of you will have the equivalent of about two servings of fruit.

Not including yogurt, each portion contains approximately 117 calories, 1.5 grams protein, 1 gram fat, 28 grams carbohydrate and 5 grams dietary fiber.



get the facts about Acid Reflux



Occasional heartburn usually isn't cause for concern. If it occurs more than twice a week, however, you may have gastroesophageal reflux disease (GERD). Its symptoms can last for several hours and are often worse at night, when the most damage is done to the esophagus, according to the American College of Gastroenterology (ACG).

Unfortunately, there's a lot of misinformation out there about GERD. Here is some straight talk on four common myths.

Myth 1: GERD is harmless.

Fact: Occasional heartburn generally isn't serious. But chronic GERD can lead to health problems. If left untreated, it can cause or make asthma worse. Stomach acid can cause inflammation in the esophagus, which may lead to bleeding and ulcers in the esophagus. And, scar tissue may make swallowing difficult. In fact, some people with GERD develop Barrett's esophagus, which eventually may lead to cancer.

Myth 2: If you don't have heartburn, you don't have GERD.

Fact: The most common symptom of GERD is heartburn, but you can have GERD without it. Other symptoms include hoarseness in the morning or after a meal, excessive throat clearing, coughing, nausea, a bitter acid taste, and chest pain.

Myth 3: Lifestyle and eating habits have nothing to do with GERD.

Fact: Experts aren't sure what causes

GERD. But, being overweight or pregnant, consuming alcohol, and smoking have been associated with it. To help reduce symptoms, lose excess weight, don't drink alcohol, quit smoking, eat smaller meals, don't eat within three hours of going to bed, and avoid wearing tight clothes. Staying away from citrus fruits, tomato products, caffeine, fatty or spicy foods, garlic, onions, and mint also may help.

Myth 4: If I need relief, I can just take more antacids.

Fact: Over-the-counter (OTC) antacids are fine occasionally. But, they may cause side effects such as diarrhea or constipation. Several other OTC options also are available, including stomach acid suppressants and a proton pump inhibitor. The ACG recommends that no OTC remedy be used for more than 14 days. Taking them too often or for too long may mask a more serious problem. So, if you take OTC remedies for heartburn more than twice a week or for longer than recommended, talk with your doctor.

If you suffer from chronic heartburn or think you have GERD, see a specialist. ■

Peter J. Naus, M.D., Gastroenterology



Dr. Naus is a gastroenterologist on staff at USMD Hospital at Arlington. To schedule an appointment with him, call 817-542-0400.

There's Help for ED

Impotence, or erectile dysfunction (ED), is the inability to achieve an erection, and/or dissatisfaction with the size, rigidity, and/or duration of erections. This condition affects up to 30 million men. Fortunately, treatments for ED include:

Medical Treatments

- **Sildenafil Citrate (Viagra®)**

Viagra is a prescription medication taken orally. Viagra does not directly cause penile erection, but affects the response to sexual stimulation.

- **Vardenafil HCl (Levitra®)**

In clinical studies, Levitra has been shown to work quickly and improve sexual function in men the first time they take the medication. It has been shown to work well in men of all ages, in men with diabetes, and in men who have had the surgical procedure called radical prostatectomy.

- **Tadalafil Citrate (Cialis®)**

Studies show Cialis stays in the body longer than other medications in its class. Most men who take Cialis find that an erection occurs within 30 minutes and the effects of the medication may last up to 36 hours.

Hormone Replacement Therapy

Testosterone replacement therapy may improve energy, mood, and bone density, increase muscle mass and weight, and heighten sexual interest in older men who may have deficient levels of testosterone. It is not recommended for men who have normal testosterone lev-



els for their age, due to the risk of prostate enlargement and other side effects.

Penile Implants

There are three types of implants used to treat ED, including the following:

- **Hydraulic pump**—A pump and two cylinders are placed within the erection chambers of the penis, which causes an erection by releasing a saline solution; it can also remove the solution to deflate the penis.
- **Prosthesis**—Two semi-rigid but bendable rods are placed within the erection chambers of the penis, which allows manipulation into an erect or non-erect position.
- **Interlocking soft plastic blocks**—These are placed within the erection

chambers of the penis and can be inflated or deflated using a cable that passes through them.

If you suffer from ED, attend Dr. Price's next free seminar. See the list of upcoming USMD seminars on page 4 of this newsletter or register online at www.usmdarlington.com. ■

V. Gary Price, M.D., Urology



Dr. Price is a urologist on staff at USMD Hospital at Arlington. To schedule an appointment with him, call (817) 784-0818.

USE CAUTION IF MIXING MEDICINE

A study of older adults found that 68 percent used prescription medicines with over-the-counter (OTC) medicines, dietary supplements, or both. But is mixing them risky? To find out, researchers reviewed safety profiles of the most common therapies and found that one in 25 seniors was at risk for a major drug interaction. To help avoid a risky drug interaction, follow these tips:

- Tell your physician about every prescription, OTC drug, and supplement that you are taking.
- At least once a year, bring all your medicines and supplements to your physician.
- When given a new medicine, ask if it is safe to take with other prescription and OTC medicine and dietary supplements.





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UPCOMING SEMINARS

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

ED and Incontinence Seminar

Dr. Price and Dr. Johnson
August 10 at 6:30 p.m.

Learn about treatments for erectile dysfunction and urinary incontinence, from new drugs to penile implants.

Bariatric Seminar

Dr. Lyons and Dr. Dyslin
July 15, August 19, September 16,
and October 21 at 6 p.m.

Find out if procedures such as adjustable gastric band placement or sleeve gastrectomy are 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, the robotic prostatectomy, and other health issues men face today, including ED.

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

LIVING healthy

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Does your man think much about his prostate health? He should. About one in six men will be diagnosed with prostate cancer during his lifetime. Though scientists are still uncertain about what causes prostate cancer, they do know that some men are at a higher risk of getting the disease than others.

Risks Men Can't Control

Here are three unavoidable risks:

- **Age:** The risk for prostate cancer increases with age.
- **Family history:** The risk for prostate cancer is higher if a man has a father or a brother with the disease.
- **Race:** African-American men are at greater risk for prostate cancer compared to men from other racial/ethnic groups.

What Men Can Control

Eating a diet rich in fruits and vegetables

may help men lower their risk for prostate cancer. The American Cancer Society recommends that men eat at least five servings of fruits and vegetables each day.

Also, if your man is age 50 or older, encourage him to talk with his physician about annual testing options. Men at high risk may want to begin screenings earlier. However, not all experts advise routine screening for prostate cancer. Your loved one's physician can help him decide if annual testing is the right choice. ■

Scott Thurman, M.D., Urology



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