

LIVING healthy

Fall 2009

USMD Hospital
at Arlington
Your physician-owned hospital.

Are you one of the 76 million Americans who suffer from chronic pain? What if you could alleviate your pain with a simple push of a button? Spinal cord stimulation (SCS) therapy offers patients with chronic pain an opportunity to live a fuller, more enjoyable life.

SCS therapy uses electrical impulses to block pain from being perceived in the brain. This interruption of pain signals is produced by a small battery-powered generator implanted in the body that transmits an electrical current to your spinal cord. Instead of pain, you feel a more pleasant, tingling sensation.

Am I a Good Candidate for SCS?

SCS is most effective for pain in one or both arms or legs, or for low back pain that persists after surgery. Much is taken into consideration before SCS is recommended, including whether conservative treatments have been tried and failed. Also, SCS isn't for patients with certain contraindications, such as having a pacemaker.

Once you and your physician discuss whether a spinal cord stimulator would be a viable option for you, a seven- to 10-day trial is arranged to verify that the SCS will be effective in treating your pain.

After a successful trial, a permanent implant can be scheduled. The lead(s) will be inserted within the spinal column through an incision, then connected to a stimulator and tested to ensure proper pain coverage. The stimulator will then be inserted beneath the skin. The implantation usually takes one to two hours.

What Are the Benefits?

SCS can help chronic-pain patients regain an active life. If you suffer from chronic pain, you owe it to yourself to discuss SCS with your physician. It may be the answer to a new life where you are in control of your pain.

ANDREW COTTINGHAM, M.D.



Pain Medicine

Dr. Cottingham is board certified in anesthesiology. He is on staff at USMD Hospital at Arlington and affiliated with Pinnacle Pain Medicine. For an appointment, call (817) 468-4343.

Is Pain Controlling Your Life?

By Andrew
Cottingham, M.D.



FLU STRAIN BECOMING RESISTANT TO TREATMENT

THE FLU HAS MADE A LOT OF HEADLINES in recent months. During this year's outbreak of H1N1 influenza A, also called swine flu, experts recommended treatment with antiviral drugs such as oseltamivir. This medicine is sold under the brand name Tamiflu, and it's often prescribed to treat influenza—the seasonal flu. But now, the most common strains of influenza are developing a resistance to Tamiflu, according to recent findings published in the *Journal of the American Medical Association*. The advice from the Centers for Disease Control and Prevention is clear: Get a flu shot.



► **GET YOUR FLU SHOT!** A flu shot is your best shot for avoiding seasonal flu. Shots typically are available from September through January from your primary care physician. In addition, many companies sponsor flu shots for their employees, plus many pharmacies offer flu shots. Each flu season is different, so the sooner you get your shot, the better your chances of staying healthy.

USMD Cancer Center Is Now Open

The USMD Cancer Center is the latest addition to the Centers of Excellence at USMD Hospital at Arlington. In June, the hospital added the CyberKnife® Robotic Radiosurgery System to its menu of minimally invasive treatment options for tumors. Now the USMD Hospital at Arlington is able to offer innovative treatments for all types and stages of prostate cancer, which is the second-leading cause of cancer death in men.

Comprised of surgeons from the Urology Associates of North Texas, the USMD Cancer Center is currently the only cancer center in the region to offer a full range of on-site diagnostic and pathology services in addition to nerve-sparing robotic surgery and other cancer treatments. Since 2003, the surgeons of USMD have collectively performed more than 2,800 robotic prostatectomy surgeries.

“We are very excited to further the fight against cancer by opening this state-

of-the-art center,” says John M. House, M.D., chairman of the board and founder of USMD Inc., and co-founder of the Urology Associates of North Texas. “With our expert team of world-renowned physicians we hope to specifically increase awareness and diagnoses of prostate cancer, thereby decreasing the number of deaths caused by this disease.”

The USMD Cancer Center is located inside the hospital, and like the hospital, does not look or feel like a traditional health care facility. But the differences only start with the décor; each cancer center patient receives personal, concierge-style treatment through a patient navigator who is assigned to you upon making your first appointment. Your patient navigator stays with you throughout your course of treatment. ■

► **WE'RE HERE TO HELP!** For more information about the USMD Cancer Center or a physician referral, call (817) 472-3575.



The new USMD Cancer Center offers more than just the best in technology and innovative treatments. When a patient arrives, he or she is assigned a patient navigator who offers personal, concierge-style service throughout the patient's treatment.



Breast Cancer: A Progress Report

By Paul Stiefel, M.D.

Over the last 50 years there has been an enormous improvement in detecting early breast cancer. Our diagnostic studies include digital mammography with computer-aided detection (CAD), ultrasound, MRI of the breasts, and nuclear medical imaging.

As a result of better detection methods and public acceptance of screening, physicians will diagnose more women with breast cancer than many years ago. This

is actually good news, because patients found to have small early cancers have very high cure and survival rates. In addition, nearly all treatments have improved. The following is a listing of how breast cancer treatment has changed:

- 1. Biopsy.** Breast biopsies are “image guided” using either ultrasound or mammography. They no longer require incisions and anesthesia.
- 2. Surgery.** Lumpectomies have

replaced mastectomy as the most common surgery for breast cancer. The breast is saved, yet the surgery is just as effective as mastectomy.

3. Radiation. Partial breast radiation can often be performed instead of total breast radiation.

4. Chemotherapy. Traditionally, when a decision for chemotherapy was made, all patients received a standard regimen of chemotherapy. But now the decision for chemotherapy in early breast cancer is based on an analysis of the cancer’s genetic makeup. The result: No standard therapy for everyone, but a more individualized treatment regimen for those who will benefit from chemotherapy.

5. Hormonal and targeted therapies. These therapies include many agents directed against female hormones and against genes involved in enhancing the cancer’s growth.

All of us involved in the treatment of breast cancer expect progress will continue into the future with even better results. This progress is encouraging for all our breast cancer patients. ■

PAUL STIEFEL, M.D.



General Surgery
Dr. Stiefel is board certified in general surgery and on staff at USMD Hospital at Arlington. To schedule an appointment, call (817) 275-3309.



BREAST IMAGING: WHAT ARE YOUR OPTIONS?

In addition to traditional mammography, several other technologies are being used to identify and diagnose breast cancer. Here are three options you may want to know about:

Digital mammography takes an X-ray of the breast and produces an electronic image that can be manipulated to provide a closer look at different areas of the breast. Like a conventional mammogram, digital mammograms are recommended

every one to two years for women age 40 or older.

Breast magnetic resonance imaging (MRI) uses magnets and radio waves to create images of the breast and surrounding areas. Your doctor may recommend an annual MRI in addition to a mammogram if you’ve been classified as high risk.

Stereotactic breast biopsy is a non-surgical way to test an abnormality. Based on X-rays, a computerized map allows the doctor to zone in on the location of the

suspicious mass. A special needle is inserted, and tissue samples are removed for further analysis. It leaves little to no scarring, takes less than an hour, and has a quick recovery time.

▶ **ALL THREE IMAGING OPTIONS ARE AVAILABLE** at USMD Hospital at Arlington. A mammography is the only screening that doesn’t require a physician’s order. To schedule yours, call (817) 472-3550.

LIVING healthy

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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 15 AT 5:30 P.M.

Find out if procedures such as adjustable gastric band placement or sleeve gastrectomy are an option for you.



Prostate Cancer Seminar

DR. ELLIS
OCTOBER 15TH AT 6 P.M.

Learn about innovative prostate cancer treatments now available, including minimally invasive surgical procedures.

Lumbar Spinal Stenosis Seminar

DR. KIBUULE
OCTOBER 20 AT 6 P.M.

Learn about minimally invasive treatments for lumbar spinal stenosis.



Men's Health Seminar

DR. BEVAN-THOMAS AND DR. PRICE
OCTOBER 22 AT 6 P.M.

Get the facts about erectile dysfunction, Peyronie's disease, and prostate cancer, all of which affect many men.

Osteoporosis Fracture Seminar

DR. KIBUULE
OCTOBER 27 AT 6 P.M.

Learn about minimally invasive surgical procedures for vertebral fractures resulting from osteoporosis.

ED and Incontinence Seminar

DR. PRICE AND DR. JOHNSON
OCTOBER 29 AT 6 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 usmdarlington.com and click on "Seminars & Events."

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Are You Walking on Pins and Needles?

By Leonard Kibuule, M.D.

Patients with lumbar spinal stenosis often notice pain in the buttocks or a "pins and needles" sensation in the thigh or leg that occurs when standing or walking. The discomfort is usually relieved by bending forward or with a brief period of rest. These symptoms may be an indication of irritation to the nerves in the back due to spinal stenosis.

Lumbar spinal stenosis is a condition caused by narrowing of the spinal canal. It's normal for your spinal canal to change as you age. But some changes, such as narrowing of the canal, can cause pain and a feeling of "pins and needles" in the buttock or down the extremity. If you are one of the 700,000 people diagnosed with lumbar spinal stenosis each year, take heart. There are several treatment options available to address your symptoms. Some of these options are innovative and intended to speed your recovery time.

A diagnosis of lumbar spinal stenosis begins with a complete history and physical exam. You should discuss your symptoms in detail with your physician. Your physician will ask questions

regarding the nature of your pain, the duration of your symptoms and what makes them better or worse. It is important to describe any apparent history of weakness or perception of numbness during the exam or during prior incidences. A physical exam will help narrow the diagnosis.

In many cases, back and leg pain caused by lumbar spinal stenosis can be treated with oral medication, corticosteroid injections, a brief period of rest, and/or physical therapy. If symptoms persist or worsen and conservative measures do not provide relief, your physician may discuss other more vigorous treatment options such as surgery. ■

LEONARD KIBUULE, M.D.



Orthopedic Surgery
Dr. Kibuule is fellowship-trained in orthopedic surgery of the spine and on staff at USMD Hospital at Arlington. For an appointment, call (817) 265-5426.