A bulging herniated disk may be pinching a nerve. Stress, depression, or poor physical conditioning may worsen the pain.

- **Take steps to keep pain from recurring.** Address the cause. For example, you can learn safer ways to lift, better posture at the computer, and sports that are easier on the back. If stress makes your pain flare, try to get that stress under control.

**WHEN SURGERY MAKES SENSE**

When back pain is serious and doesn't respond to other therapies—such as medication for pain relief, application of cold or heat, limited bed rest, or physical activity that targets key back muscles—surgery can sometimes help. Surgery is only appropriate for certain back problems, such as pressure on nerves from a herniated disk or spinal stenosis (narrowing of the spinal column), a spinal compression fracture, or a severe injury to the spine, to name a few.

The key is to learn as much as you can about what's contributing to your back pain and about the risks and benefits of different treatment options. That way, you can actively participate in your care.

**SOMETIMES THE CAUSE OF BACK PAIN IS OBVIOUS:** You lift something heavy, you strain your back. Other times the reason is a mystery. One thing’s for sure: The discomfort can make everything in life more difficult. So what's a back pain sufferer to do?

**BACK TO BASICS**

Some cases of back pain call for immediate care from a medical professional, such as when the pain comes with bowel- or bladder-control problems, leg weakness, or numbness in the groin or anal region.

However, most cases of back pain may benefit from a common sense approach to getting your life back to normal:

- **Wait and see if the problem improves on its own.** Most acute cases of low back pain come from a simple sprain or strain and will clear up on their own. If the pain still keeps you from functioning normally after three or four days of applying home remedies, consider seeing a physician.

- **Investigate the cause.** Your physician can help by taking a detailed medical history and giving you a full physical exam. Some back pain episodes stem from a lifetime of poor posture or accumulated unsafe lifting habits. Others involve age-related changes to the spine or sports injuries.

**SPRING 2012**

**Living HEALTHY**

**Put Back Pain Behind You**

The best solution to that aching back often involves home remedies plus a wait-and-see approach.

**INSIDE: CERVICAL CANCER QUIZ • PROSTATE CANCER: ACTIVE SURVEILLANCE • NEW CEO NAMED**
How Much Do You Know About Cervical Cancer?

Every year in the U.S., about 12,000 cases of cancer are diagnosed in the cervix, which connects a woman’s vagina and womb. More than 4,000 women die of the disease each year. Learning how to prevent or detect this deadly cancer can help you protect yourself.

To assess how much you know about the disease, decide if the statements below are true or false, then check your answers!

1. Cervical cancer is difficult to prevent.  ☐ True  ☐ False
2. The most important risk factor is infection with the human papillomavirus (HPV).  ☐ True  ☐ False
3. A Pap test can determine if a woman has an HPV infection.  ☐ True  ☐ False
4. A vaccine can prevent infection with some types of HPV.  ☐ True  ☐ False
5. Smoking is not a risk factor for cervical cancer.  ☐ True  ☐ False
6. Eating a diet rich in fruits and vegetables can reduce the risk for cervical cancer.  ☐ True  ☐ False
7. Using condoms and limiting the number of sexual partners can reduce the risk for cervical cancer.  ☐ True  ☐ False
8. Cervical cancer has no symptoms in its early stages.  ☐ True  ☐ False
9. Later-stage symptoms include unusual discharge or bleeding after menopause, during sex, or between periods.  ☐ True  ☐ False
10. Cervical cancer cannot be treated.  ☐ True  ☐ False

ANSWERS

1. False—it’s one of the most preventable types of cancer because most of the risk factors can be addressed.
2. True—HPV causes about two-thirds of all cervical cancers.
3. True—that’s why it’s important for women to have this screening test.
4. True—women should ask their physicians if they can receive the vaccine.
5. False—women who smoke are about twice as likely to get cervical cancer as nonsmokers.
6. True—maintaining a healthy weight can also lower the risk.
7. True, 8. True—however, a Pap test can pick up even precancerous changes, which can then be treated.
8. True—however, these symptoms could also indicate another condition.
9. False—it can be treated with surgery, radiation, and chemotherapy.

The doctor

DeEtte Vasques, D.O.
Gynecology/Oncology

If you need a specialist, please call (888) 444-USMD for a free physician referral.
Prostate Cancer: Not Everyone Needs Aggressive Treatment

PROSTATE CANCER WILL BE DIAGNOSED IN over 240,000 men in 2012. Using current screening methods, many men will be identified with nonaggressive, early stage prostate cancer. A management strategy has emerged called active surveillance.

Active surveillance involves observing the prostate cancer over time, with periodic testing to watch for any cancer progression. This strategy allows a patient to initially avoid aggressive treatments that have significant side effects.

ACTIVE SURVEILLANCE APPEARS TO BE SAFE
Active surveillance has been shown to be an effective initial management strategy for many men diagnosed with prostate cancer. Typically, they have been diagnosed at a very early stage when the risk of prostate cancer spreading and growing is low. Surveillance involves follow-up prostate-specific antigen (PSA) blood tests, exams, and a repeat prostate biopsy to periodically evaluate the activity of the prostate cancer.

If progression is not identified, then the patient is able to continue observation and avoid the risks of therapies that remove or destroy the prostate cancer. For men who do have progression of the cancer, they will then require treatment. Studies suggest that delaying aggressive therapy and following the active surveillance plan does not change the overall risk of dying from prostate cancer. Because of this, immediately going through treatments such as surgery or radiation may not be necessary and may create more risks than benefits.

IS ACTIVE SURVEILLANCE THE RIGHT CHOICE?
If you or a loved one is diagnosed with prostate cancer, ask your physician about all of the treatment options. Your physician will discuss whether the specific situation is one where active surveillance makes sense. Fortunately, many men are candidates for this form of prostate cancer management. Depending on various factors, active surveillance may be the right choice for you.

WHAT PUTS You At RIsK FoR prostate cancer?

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. More than 64 percent of all diagnosed prostate cancers are found in men ages 65 and older.
• Family history: The risk for prostate cancer doubles 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, men who are age 50 or older should talk with their physician about annual testing options. Men at high risk may want to begin screenings at age 45. However, not all experts advise routine screening for prostate cancer. Ask your physician for help deciding if annual testing is the right choice for you.

the doctor

Keith Waguespack, M.D.
Urology

If you need a specialist, please call (888) 444-USMD for a free physician referral.
upcoming seminars

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

Bariatric Seminar
Dr. Lyons and Dr. Dyslin
6 p.m.
• March 15
• April 9
• May 17

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

USMD Hospital at Arlington
Welcomes New CEO

MARcia crim, R.N., B.S.N., M.S., has been appointed chief executive officer for USMD Hospital at Arlington. She will also continue as chief nursing officer, which she has held since 2008. crim succeeds Karen fiducia, FACHE, who has been interim-CEO since 2008. Fiducia will continue in her role as President of USMD Hospital Division.

“In my time as USMD Hospital at Arlington’s interim-CEO, it has been with Marcia’s assistance that we have achieved many milestones, including, but not limited to, reaching exemplary press ganey patient satisfaction scores, construction and implementation of a surgical ICU, creation of a breast Center and achieving the ‘top 100 Places to Work in Texas’ status,” said Fiducia. “I am proud to pass the torch to Marcia Crim.”

Crim has been with USMD since 2006 when she joined the organization as vice president of implementation and was charged with getting USMD Hospital at Fort Worth off the ground and running.

With over 30 years of experience, Crim has a proven track record in preparing facilities for state, federal and regulatory agency surveys, as well as developing governing and medical staff organizations. Prior to joining USMD, Crim’s experience includes the development of multiple healthcare facilities that range from free standing clinics to licensed acute care hospitals.

“I am excited to assume the role of CEO of this exceptional hospital,” said Crim. “I look forward to working with our physicians and staff to execute the strategic plan developed by the Board of Directors, under Karen’s leadership. Over the last three years, we have established a reputation for being a place where physicians want to practice, employees want to work and patients want to receive care. I look forward to building upon that legacy.”