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REAL PATIENTS. REAL STORIES.

Family Man

BRIAN JONES is lucky to be alive after an aortic dissection. Now he cherishes time with his wife, LAURA JO, and son, CASH
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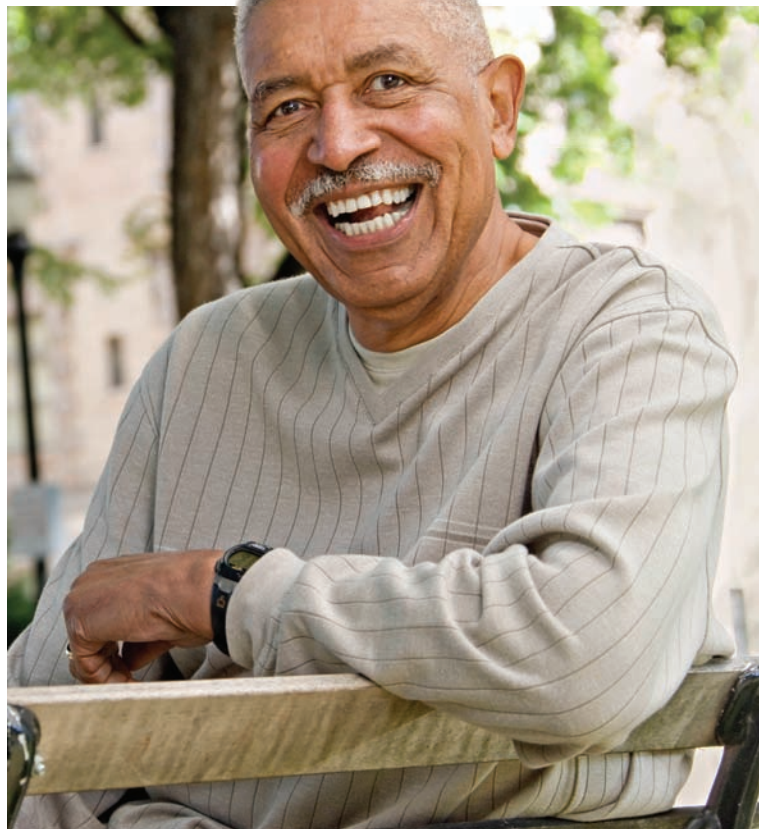
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Men, be on the lookout for this early sign of heart disease page 2



FIGHTING FAT
Is surgery the answer to your weight loss woes? page 4

First Alert

Erectile dysfunction may be an early warning sign of heart disease



We've all seen the television commercials: Gracefully aging men and women sharing suggestive smiles in everyday settings that magically turn romantic. These ads promote medications for treating erectile dysfunction (ED), a condition that becomes more common in men as they age.

ED results when the blood flow to the male sexual organ is restricted, making it difficult to achieve and maintain an erection. Although it can have a significant effect on a man's quality of life, ED itself is not life-threatening. It sometimes, however, is an early indicator of something more serious: atherosclerosis.

Early Warning

"Erectile dysfunction can be due to many different causes, but for men in their 40s, 50s and 60s, a common cause is the presence of atherosclerosis that is causing plaque buildup and artery blockage," says Ravi Vallabhan, M.D., a cardiologist on the medical staff at Baylor University Medical Center at Dallas and Baylor Hamilton Heart and Vascular Hospital.

For healthy sexual functioning, blood vessels must be flexible and able to dilate so they can accommodate increased blood flow. Atherosclerosis causes the buildup of plaque along blood vessel walls, making them inflexible and potentially leading to complete blockage. Because smaller "pipes" naturally would be blocked first, early atherosclerosis affects smaller vessels and typically shows up as peripheral artery disease in the legs, and also—in men—as ED.

For a man experiencing ED, "the presence of vascular disease is the first alert that there may be problems with the vessels in the heart as well," Dr. Vallabhan says.

Make the Connection

If men simply treat their ED with medication, they may be missing an important connection and putting themselves at risk for coronary artery disease, heart attack and stroke.

TALK TO YOUR DOCTOR

Got ED? Get Your Heart Checked

Men with erectile dysfunction should ask their doctor about being screened for heart disease. For a referral to a cardiologist on the medical staff at Baylor Dallas, please call **1.800.4BAYLOR**.

To prevent this, men should schedule an annual physical with their doctor, stop smoking, eat a healthy diet, exercise regularly and control risk factors such as high blood pressure, high cholesterol and diabetes.

"Many men think of erectile dysfunction as a brain issue, not realizing they have an actual functional problem that is causing it," Dr. Vallabhan says. When a man begins to experience ED, he should see his physician for a complete evaluation to determine the cause. ● *By Deborah Paddison*

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The logo for Baylor University Medical Center at Dallas, featuring a stylized blue flame or drop shape to the left of the text "BAYLOR University Medical Center at Dallas".

There's Something in the Air

Hyperbaric medicine speeds healing after cancer

Have you ever wondered what it's like inside a hyperbaric oxygen (HBO) chamber? Linda Kao knows. After being treated for tonsil cancer last year, Kao developed osteoradionecrosis, damage to her gum tissue and jawbone from the radiation therapy. So she was referred to the Comprehensive Wound Care Center at Baylor University Medical Center at Dallas for a series of 30 "dives" in the center's HBO chamber.

ASK ABOUT IT Have You Been Treated with Radiation?

To learn more about hyperbaric medicine, please visit BaylorHealth.com/DallasWoundCare today or call **1.800.4BAYLOR**.

"Radiation oncologists try to focus the radiation directly on the cancer, but invariably it has to go through some healthy tissue to reach the tumor," says Andrew Applewhite, M.D., medical director of the Comprehensive Wound Care Center and a board-certified physician in hyperbaric medicine on the medical staff at Baylor Dallas.

The tiny capillaries that supply blood and oxygen to soft tissues are especially susceptible to radiation damage. Once they're gone, tissue becomes fragile, prone to bleeding and difficult to heal.

Taking a Dive

Inside the HBO chamber, patients breathe 100 percent oxygen at elevated pressure, which "supersaturates" their blood with oxygen to a level 20 times more than normal. Over time, this stimulates healing through regrowth of capillaries to carry

oxygen, nutrients and growth factors to the damaged tissue.

Kao describes her HBO treatment as "similar to being on a submarine, which is why they call each treatment a 'dive,'" Kao says. Each dive lasts two hours, with three 30-minute treatment periods, two breaks, and 10 minutes to pressurize and depressurize the chamber. "Your ears pop," she says. Patients wear special clothing and a clear plastic hood that delivers the oxygen. "That can be a little claustrophobic—and you can't scratch your nose!" But you can read or watch a movie.

Kao says she found the staff at the Wound Care Center to be courteous, knowledgeable and attentive. "A tech accompanies you in the chamber during each dive," she says.

Gaining Ground

After HBO treatments are completed, a patient's wound isn't necessarily fully healed yet, notes Dr. Applewhite. "But we've laid the groundwork for that tissue to continue to grow and be healthy." Kao can now move forward with reconstructive surgery and dentistry.

HBO therapy also helps tissue healing after radiation for bladder, colon and other cancers. "It's really neat to see the response and to improve a patient's quality of life," Dr. Applewhite says. ●
By Deborah Paddison

Uses for Hyperbaric Medicine

In addition to treating tissue and bone damaged by radiation therapy, hyperbaric oxygen is prescribed for:

- Diabetic wounds
- Osteomyelitis (bone infection)
- Gangrene
- Carbon monoxide poisoning
- Decompression sickness and gas embolism in the blood
- Skin grafts
- Burns



Fighting the Fat Genes

Weight loss surgery levels the playing field



Many people struggle with their weight, jumping from diet to diet, hoping to finally fit into those skinny jeans. But sometimes it takes more than diet and exercise, because the excess weight is partly due to a different type of genes: the kind passed from generation to generation.

“We now know there are 80 different genes that predispose to obesity,” says Joseph Kuhn, M.D., a bariatric surgeon on the medical staff at Baylor University Medical Center at Dallas. Among other things, the genes govern how fat is stored and metabolized, and the amount of hunger hormone (ghrelin) produced in different people.

Dr. Kuhn says morbid obesity is not related to laziness or lack of willpower. “It affects people from all walks of life—doctors, nurses, professors, entertainers, business owners—who are disciplined and successful but were born with a variety of genetic traits that conspire to make them gain weight.”

Taking the First Step

Jennifer Weaver Engle is one of those people. The fourth-grade teacher from Forney kept on some extra weight after her son’s birth, but when her husband was diagnosed with leukemia, her weight escalated.

“My life was all about taking care of him,” Engle says. Sadly, her husband passed away in 2008. “Afterward, people start- ing telling me that they were concerned about my weight, and

that my late husband would want me to do something about it, especially since I was my son’s only caregiver now.”

A physical exam confirmed that her weight was becoming dangerous: She had an enlarged heart and a fatty liver. For a while, she and her son tried to follow a diet, but they just couldn’t make the “chicken-rice-broccoli” routine work.

Like Mother, Like Daughter

Also once overweight, Engle’s mother had experienced great results after gastric bypass surgery. “Together we attended an informational meeting at Baylor about weight loss surgery,” Engle says. After researching the three procedures, Engle decided gastric bypass was her best choice.

“Gastric bypass creates a new, smaller stomach and bypasses the lower stomach. People get full after a small amount of food, and their hunger is greatly decreased,” Dr. Kuhn says. As the weight comes off, 90 percent of patients experience very significant improvement in diabetes, hypertension, high cholesterol and sleep apnea.

A year after her surgery, Engle has lost 115 pounds. The key to her success: Zumba exercising and continuing to eat the way she was instructed. That means she eats in small amounts (protein first, then vegetables) and doesn’t have anything to drink while eating or for 30 minutes before or after eating.

“I went from a size 22 to a size 4 and have energy galore,” she says. “Just take that first step. It can change your life forever.” ● *By Deborah Paddison*

**FIND OUT HOW
Want to
Lose Weight
for Good?**

Thinking about weight loss surgery? For information about options at Baylor Dallas, call **1.800.4BAYLOR** or visit BaylorHealth.com/DallasWeightLoss.

3 Common Types of Weight Loss Surgery

SURGERY	GASTRIC BANDING	GASTRIC SLEEVE	GASTRIC BYPASS
Mechanism	Inflatable band restricts flow of food through stomach	85% of stomach is removed, creating a smaller, cylindrical reservoir for food	Creates small stomach and bypasses first part of intestine to decrease absorption
Excess Weight Loss	50%	50%	80%
Advantages	Adjustable and reversible; possible to achieve satiety with solid food; recently approved by FDA for use in people with BMIs of 30–35, a lower requirement than gastric bypass	Reduces hunger hormone (ghrelin) and appetite; immediate resolution of diabetes in 90%; avoids possible complications of intestinal bypass; lower failure rate	Highest weight loss; immediate resolution of diabetes, blood pressure and other obesity-related conditions in 90%; lower failure rate
Disadvantages	Higher failure rate—easier to thwart success through eating unlimited “liquid foods” like yogurt, ice cream, smoothies; exacerbates acid reflux; resolves diabetes in only 7%	Nonreversible	Nonreversible

Source: Joseph Kuhn, M.D.



Solving the Mysteries of Multiple Myeloma

To find answers, investigators at the Baylor Sammons Cancer Center are studying myeloma at the cellular and molecular level

Multiple myeloma is a malignant plasma cell disorder that accounts for approximately 20,000, or 1.4 percent of, new cancer cases in the United States as well as about 11,000 deaths per year. Myeloma currently is considered an incurable blood cancer; however, new treatment has resulted in significant improvements in the quality of life of patients with myeloma and overall survival. Clinical investigators and research scientists at Baylor and other institutions are hoping to improve the treatment outcome.

The Baylor Charles A. Sammons Cancer Center is one of 16 sites participating in a study led by the Multiple Myeloma Research Consortium. This research trial, which will enroll at least 1,000 patients diagnosed with multiple myeloma, hopes to better understand the disease by studying how a patient's individual molecular profile may affect the disease's progression and his or her response to treatment.


"We're hoping to learn about changes that happen at the molecular level," says Tracy Messing, R.N., OCN, CCRC, research manager for the Office of Clinical Oncology Research Coordination at the Baylor Sammons Cancer Center. "If we can identify personalized molecular targets within each patient, the hope is that we could better tailor treatments for each individual."

Treatment Challenges—and Explorations

According to Messing, the current challenge with the treatment of multiple myeloma is that even the best therapies have a short duration, after which the cancer recurs. One of the goals of the study is to develop new drugs based on the findings.

Throughout the study, participants will provide bone marrow samples, which they would do as part of any treatment protocol. Patients will be treated using the existing therapy their doctor determines is most appropriate for their case. Participants will be tracked by researchers from initial diagnosis through the duration of their treatment, for a minimum of five years. The study will evaluate each patient's response to his or her treatment and the course the disease takes.

"How multiple myeloma progresses and responds to treatment at the molecular level is a very important scientific question," says Joseph W. Fay, M.D., the principal investigator at Baylor and director of immunotherapy for cancer at Baylor Research Institute. "This study is significant because it has the potential not only to impact the way we treat multiple myeloma, but may also serve as a model for the study and treatment of other cancers." ● *By Amy Lynn Smith*

  **RESEARCH**
Do You Have Multiple Myeloma?
Most participants will be referred to the study by their physician. For more information, call **214.818.8472** or email **cancer.trials@baylorhealth.edu**.

Magnificent Bystander

By Alissa Edwards

Acting fast in the event of a cardiac or stroke emergency could save a life



When Laura Jo Jones received a magnet in the mail from Baylor Regional Medical Center at Grapevine that listed heart attack symptoms, she didn't think much of it. In fact, she almost threw it away.

But when her husband, 44-year-old Brian Jones, experienced severe chest pain as they were getting ready for bed one night, she was glad she had kept it. "My wife grabbed the magnet and started reading off the symptoms—and I had most of them," he says. "That's when she knew without a doubt to call 911."

While it wasn't a heart attack, it was a life-threatening tear in a major artery. "An aortic dissection sometimes presents like a heart attack, but classically the first symptom is a severe, tearing pain in the chest that radiates to the back," says Manish Assar, M.D., a cardiologist on the medical staff at Baylor University Medical Center at Dallas. "The key to survival in either case is receiving immediate medical attention."

Brian underwent a triple bypass, valve repair and pacemaker placement. "From the time I arrived at the Baylor Grapevine ER to surgery, it was less than three hours," Brian says. He's lucky he survived—and Laura Jo is part of the reason he did. "Most people don't survive an aortic

Brian Jones is lucky to be alive after an aortic dissection. His wife, Laura Jo, recognized symptoms and called 911.

dissection," Dr. Assar says. In other words, if his wife hadn't recognized his symptoms and acted immediately, he probably wouldn't be here today.



WATCH THE VIDEO
See Brian's Story

To hear more about Brian Jones' story, watch his video at BaylorHealth.com/Healthcast today.

The Push She Needed

When Janie Morris, 70, began experiencing vision trouble while reading the paper one afternoon, her first thought was that she should call the eye doctor. But as the minutes wore on, it became clear that something was very wrong. "I told my husband I couldn't see my hand spreading cheese on my cracker or the columns in the paper, and I wasn't speaking clearly," Morris says. "He made me take two aspirin and insisted we go to the hospital right away."

When they arrived at Baylor Medical Center at Garland, her husband wasted no time. "He looked the attendant in the eye and said, 'I believe my wife is having a stroke and we need attention right away,'" Morris says.

He was right. Within minutes, she was undergoing a CT scan and receiving appropriate treatment.

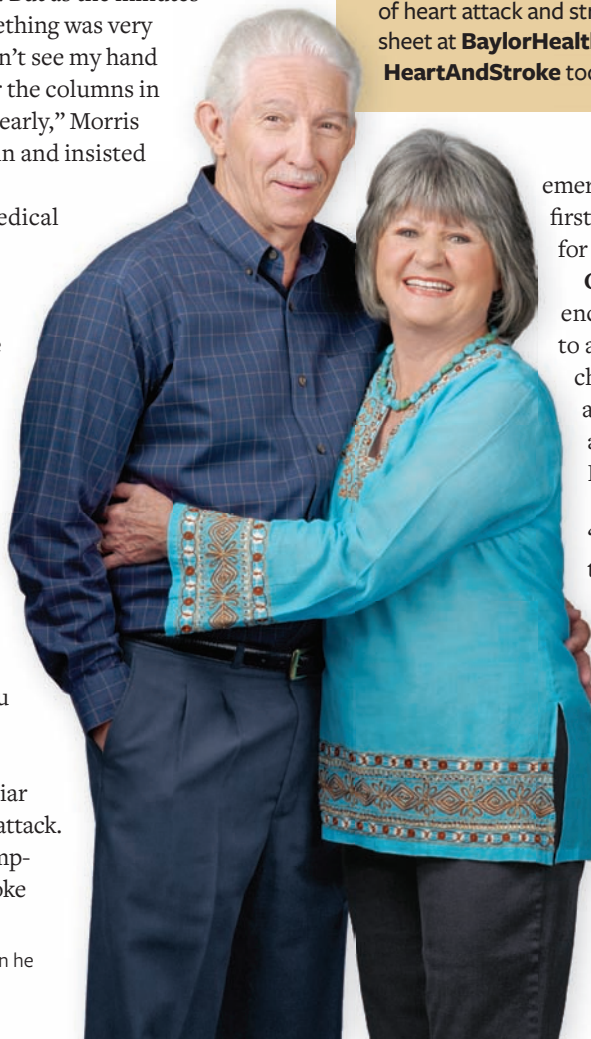
Be a Hero

You never know when you'll have the opportunity to recognize the signs of a cardiac or stroke emergency. Here's how you can be prepared:

Brush up on your knowledge.

As a rule, everyone should be familiar with the signs of stroke and heart attack. "Take the time to memorize the symptoms before you're in a heart or stroke

Jerry Morris saved his wife Janie's life when he recognized signs of a stroke and called 911.



DOWNLOAD Get Your Guide to Heart and Stroke Emergencies

To save a life, you have to know the symptoms of heart attack and stroke. Download a tip sheet at BaylorHealth.com/Healthcast/HeartAndStroke today.

emergency, and, of course, taking a CPR and first-aid class is a great way to be prepared for any emergency," Dr. Assar says.

Carry aspirin. "If someone is experiencing symptoms that could be related to a stroke or heart attack, have them chew two aspirin unless there's an allergy," says Richard Feingold, D.O., a cardiologist on the medical staff at Baylor Grapevine.

Always have your cell phone.

"You'll never regret calling 911 if it turns out to be nothing," Dr. Feingold says. "And if it's something, you could save their life."

Speak up. If you think someone may be experiencing a stroke or cardiac emergency, insist that he or she get help immediately. "Especially in the case of a stroke, a person may not be thinking clearly enough to make the right decision," Dr. Feingold says. "If they have a list of medications they are currently taking nearby, be sure to bring that to the hospital as well." ●

Saving Lives with Wireless EKG Transmission

When a heart attack strikes, time is critical. To minimize damage to the heart muscle, it's essential to call 911 so treatment can be started as soon as possible.

Since 2004, Baylor University Medical Center at Dallas has collaborated with the emergency medical services (EMS) teams serving the hospital to use a system that helps speed up the process: the LIFENET® system. LIFENET allows faster and more detailed communication between EMS in the field and the Baylor Dallas emergency department.

Using special data connections over the Internet, EMS teams can transmit real-time vital signs and a 12-lead electrocardiogram (EKG) from the field or the ambulance to the hospital. The data goes directly to the emergency department, where doctors can evaluate it, confirm a heart attack and mobilize the cardiac catheterization lab for the appropriate intervention to reopen the blocked artery, such as balloon angioplasty and stenting. And all this happens before the patient even comes through the doors.

When the EMS team sends EKG data, the emergency department springs into action. The cardiac response team

prepares for the patient's arrival, saving valuable time especially if the clinical staff needed are on call and must come to the hospital. ● *By Deborah Paddison*

HOW IT WORKS Watch a Video on ECG Technology

To learn more about cardiovascular services at Baylor Dallas and watch a *Good Morning Texas* segment on wireless ECG transmission technology, visit BaylorHealth.com/DallasHeart.





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