

March 2012

Baylor Health

CARROLLTON EDITION

Visit BaylorHealth.com/Carrollton for informative videos, interactive quizzes, online event registration and much more.



REAL PATIENTS. REAL STORIES.

Family Connection

DEBBIE STALLINGS thought she was safe from cancer since it didn't run in her family. Unfortunately, that wasn't the case

PAGE 6

Pictured with Debbie are her sons Tommy and Tony



GET RID OF BACK PAIN
Find out if minimally invasive surgery is the answer page 2



PUTTING THE PATIENT FIRST
Palliative care offers compassion when you need it page 3

Beating Back Pain

Minimally invasive surgery could be the answer you've been waiting for



As devastating as chronic back pain can be, many people are wary of traditional back surgery.

“Traditional surgery involves making a long incision and dissecting muscle and bone away to provide a wide area to operate,” explains Michael Turner, M.D., a neurosurgeon on the medical staff at Baylor Medical Center at Carrollton.

Now, minimally invasive surgery—where surgeons make small incisions and use scopes to help them see the operating site—is helping patients with back pain.

Easier Access

With these procedures, there's little or no cutting of the muscle to reach the spine. Patients typically have less pain, less scarring, a faster recovery time,

a better outcome and a lower risk of complications.

Minimally invasive surgery might be an option for people with the following conditions who don't get relief from medication or physical therapy:

HERNIATED DISK A portion of a spinal disk bulges or ruptures, pinching a nerve in the lower back and causing back or leg pain. “We can now make a small incision, gently spread the muscles, and remove less bone to reach the disk and relieve pressure on the nerve,” Dr. Turner says. Patients, who are generally 30 to 55 years old, typically go home the same day and recover in four to six weeks.

SPINAL STENOSIS A combination of arthritis and disk changes, with symptoms such as back pain, difficulty

walking, leg pain, weakness or numbness. Surgeons on the medical staff at Baylor Carrollton can remove the bony deposits that are pinching the nerves in an operation called a lumbar laminectomy. Patients usually have just a 1-inch incision and can go home the same day. ● *By Stephanie Thurrott*

LEARN MORE Is Minimally Invasive Surgery the Answer?

For a referral to a physician on the medical staff at Baylor Carrollton, call **1.800.4BAYLOR.**

Baylor Medical Center at Carrollton
4343 N. Josey Lane
Carrollton, TX 75010
972.492.1010

President and CEO, Baylor Health Care System:
Joel Allison

President, Baylor Medical Center at Carrollton:
Michael Sanborn, M.S., R.Ph., FASHP

Marketing Director: Susan Watson

Baylor Medical Center at Carrollton Board of Managers:
Roy Lamkin, Chairman
Anis A. Ansari, M.D.
Pam Bergeron

Glen A. Blanscet
Michael E. Davis
Phillip M. Graehl, M.D.
Charles Heath
Patty Larson
Matthew Marchant
Lou Sartor

Baylor Health Care System Mission:
Founded as a Christian ministry of healing, Baylor Health Care System exists to serve all people through exemplary health care, education, research and community service.

Visit BaylorHealth.com or call 1.800.4BAYLOR for information about Baylor Medical Center at Carrollton services, upcoming events, physician referrals, career opportunities and more.


BaylorHealth is published by McMurry six times a year for friends and supporters of Baylor Medical Center at Carrollton. © 2012 Baylor Health Care System

The material in *BaylorHealth* is not intended for diagnosing or prescribing. Consult your physician before undertaking any form of medical treatment or adopting any exercise program or dietary guidelines.

Physicians are members of the medical staff at one of Baylor Health Care System's subsidiary, community or affiliated medical centers and are neither employees nor agents of those medical centers, Baylor Medical Center at Carrollton or Baylor Health Care System.

Photographs may include models or actors and may not represent actual patients.

If you are receiving multiple copies, need to change your mailing address or do not wish to receive this publication, please send your mailing label(s) and the updated information to Robin Vogel, Baylor Health Care System, 2001 Bryan St., Suite 750, Dallas, TX 75201, or email the information to robinv@baylorhealth.edu.

 **BAYLOR**
Medical Center
at Carrollton

The Benefits of Palliative Care

Compassion and guidance when you need them most

When someone is diagnosed with a chronic illness that is expected to be life-limiting, such as Alzheimer's disease or late-stage cancer, it is overwhelming for the patient and family. The new Palliative Care Program at Baylor Medical Center at Carrollton offers information and guidance to those facing not only end-of-life care and decision making, but any serious medical situation at any age.

"The goal of palliative care is to decrease the burden of disease on the patient and the family," says Anis Ansari, M.D., an internal medicine physician and palliative care specialist on the medical staff at Baylor Carrollton.

A Team Approach

The Palliative Care Program at Baylor Carrollton brings together a multidisciplinary team of professionals centered on the patient. Working with the primary care physician, they establish goals for the patient's medical care, address emotional needs and help arrange resources for the family.

Pam Green, APRN, FNP-BC (advanced practice registered nurse, family nurse practitioner), is the palliative care coordinator at Baylor Carrollton. Dr. Ansari is the physician on the team, and other members include a registered nurse in oncology, a social worker and a chaplain.

Honoring Patients' Wishes

When patients are diagnosed with a chronic illness, it's often the first time they have thought about end-of-life plans.

Some older patients decide to forgo medical treatment, saying, "Let me live my life for as long as I can, with as much quality as I can have, in my home, and keep me pain-free and comfortable." Others choose to continue medical treatment.

"We're not here to influence a patient one way or another," says Green. The program presents the options and offers assistance to fulfill a patient's end-of-life wishes and goals. "Every patient is different," Green says. "We tell them, 'Your choice is your choice, and it's the right one for you.'"

By Deborah Paddison

Elements of Palliative Care

The Palliative Care Program at Baylor Medical Center at Carrollton works with each patient to design a customized care plan based on:

- **Communication and coordination:** Establishing goals and making sure the patient's needs are met; seamless coordination of care.
- **Medical care:** Providing care to the level of treatment the patient desires; providing pain and symptom control.
- **Emotional support:** Addressing social, psychological and spiritual needs; helping patients leave a meaningful legacy.
- **Assistance with documents:** Offering education regarding durable power of attorney for health care and other documents.
- **Community resources:** Finding programs and services such as prescription assistance, transportation, medical equipment, home health visits and respite care for caregivers.



YOU HAVE OPTIONS

Is Palliative Care Right for You?

To learn more about palliative care, call the palliative care coordinator at Baylor Carrollton at 972.512.1585.



DON'T WAIT **Get a Head Injury Checked**

If you or a loved one has a suspected concussion, go to the emergency room. To find a sports medicine physician who can help you bounce back from a sports injury, visit FindDrRight.com today.

Crash Course

Learn how to spot a concussion, and what to do if one occurs

While concussions that strike athletes grab attention, ballplayers aren't the only ones at risk. Any blow to the head can lead to a concussion. Although sports injuries are common causes, so are falls and car accidents. Jason Wander, D.O., a family physician and board-certified ImPACT concussion consultant on the medical staff at Baylor Regional Medical Center at Grapevine, answers some common questions about concussions.

What is a concussion?

A concussion is a brain injury that results when a blow to the head jars the brain inside the skull.

What are the symptoms?

If you've been hit in the head, watch for symptoms, which come on fairly quickly after the injury but may last for weeks. They include headache, nausea, balance problems or dizziness, double or fuzzy vision, sensitivity to light or noise, feeling mentally foggy, and concentration or memory problems.

Others may notice that you seem dazed or stunned, move clumsily, answer questions slowly, lose consciousness temporarily, have behavior or personality changes, or forget events that happened before or after the blow.

Athletes in particular may forget plays or be unsure of the game, score or opponent. They also might find that symptoms worsen with exertion.

How are concussions diagnosed?

If you have a suspected concussion, get it evaluated. Your doctor will ask questions to test your orientation, concentration and memory, and for amnesia.

How are concussions treated?

Most concussions will heal on their own with physical and cognitive rest. Once symptoms clear, you should return to activity gradually. For athletes, that means starting with noncontact, no-risk physical exertion and building slowly back to preinjury levels. For cognitive rest, you may need time off from work

Avoid Double Trouble

If you get a concussion, it's important to avoid a second injury. "When you get a concussion, your brain is in a vulnerable state," says Jason Wander, D.O., a family medicine specialist on the medical staff at Baylor Regional Medical Center at Grapevine. "A second head injury can cause more prolonged, sometimes permanent, postconcussion symptoms like memory loss and headaches."

To avoid a second concussion:

- Take time to rest and recover from your first concussion.
- Always wear your seat belt and obey traffic laws.
- Wear protective headgear when participating in contact sports and other physical activities where head injury is possible, including biking, skiing or in-line skating.

and driving. And students may need academic accommodations.

Mild concussions may heal in hours, but recovery from more serious concussions may take weeks or even months. ● *By Teresa Caldwell Board*

Sleep on It

How bedtime can help (or hurt) back pain

Will a new mattress alleviate your aching back? Or is it all about sleep position? Here, we dispel some common myths about the links between sleep and back pain.



MYTH:

You need a very firm mattress to avoid back pain.

FACT:

A mattress needs to be comfortable, with good, even support. “The old recommendations about using a very hard mattress or placing plywood under your mattress were made at a time when mattresses were not evenly supported and would sag,” says William Bruck, M.D., an orthopedic surgeon on the medical staff at Baylor University Medical Center at Dallas. “That’s no longer the case.”

MYTH:

You need to sleep in a certain position to prevent back pain.

FACT:

Any position that’s comfortable for you is fine. “If you’re asleep and something hurts, you’re going to turn over,” says Meredith Adams, D.O., a physical medicine and rehabilitation specialist on the medical staff at Baylor Regional Medical Center at Grapevine. “Your body will wake you up.”



MYTH:

Heating pads can ease back pain while you sleep.

FACT:

Ice packs are more helpful than heating pads, though some people find relief by alternating ice and heat. But you should try these treatments in the daytime. “Sleeping on ice or heat can injure your skin,” says Venkat Sethuraman, M.D., an orthopedic spine surgeon on the medical staff at Baylor Medical Center at Irving.

MYTH:

Bed rest is the best treatment for a back injury.

FACT:

Studies have found that more than two days of bed rest can actually worsen your condition. And even two days may not be necessary. It’s fine to take it easy when your back hurts, but it’s better to be up and moving around. “We’re not meant to lie around like that,” Dr. Adams says.

● By Stephanie Thurrott



A Good Night’s Rest

If your back, neck or shoulder pain is interfering with your sleep, try:

- Lying on your side with a pillow between your knees.
- Using a pillow to support your back so it props you up.
- Sleeping on your side or back, not your stomach.
- Hugging a pillow while you sleep.
- Choosing a comfortable, supportive pillow.

Learn more about how poor sleep affects your health and more tips for how to get better ZZZs by downloading a tipsheet at BaylorHealth.com/SleepTipsheet today.



GET RELIEF

Don’t Let Back Pain Keep You Up at Night

If your back pain is severe or keeping you up at night, talk to your doctor. To find an orthopedist on the Baylor medical staff, visit FindDrRight.com today.

Family Predictors

By Alissa Edwards

How your family tree affects your cancer risk—and how it doesn't

Debbie Stallings, a 55-year-old Plano area mother of two grown sons, thought she was safe from cancer since there was none in her family. “I put off my annual mammogram one year because of an appointment conflict,” she says. “No one in my family has had breast cancer, so I guess there’s a part of me that thought I’d be OK, too.”

But six months later, she remembered her missed appointment. “I literally sat up in bed when I realized I never went in, so I scheduled it the next day,” Stallings says. “A few weeks later I was diagnosed with cancer.”

Stallings had a mastectomy in October 2007 and has been cancer-free ever since, but she remains a vigilant defender of her health. “It’s naïve to think you’re destined to live a long life just because your parents did,” Stallings says. “You have to take care of yourself and stay on top of screenings. No one else is going to do it for you.”

Some people, like Stallings, falsely believe that having no family history of cancer protects them from the disease. And others, who do have a family history of cancer, may falsely assume that they are destined to get it, no matter what. But that’s not necessarily the case either.

“[People with family history of cancer] often think there’s nothing they can do,” says C. Richard Boland, M.D., chief of gastroenterology for the GI Cancer Research Laboratory at Baylor Research Institute (BRI) at Baylor University Medical



WATCH THE VIDEO

See Debbie's Story

To hear more about Debbie Stallings' journey through cancer diagnosis and treatment, watch her story at BaylorHealth.com/MyStory.

Center. “That’s simply not the case.” In fact, genetic testing is one tool available that could help protect one’s family and future generations.

Is Cancer in Your Genes?

“We’re still discovering markers in the human genome when it comes to cancer,” says Jennifer Rhees, research lab supervisor for the GI Cancer Research Laboratory at BRI. “But there are many cancers that we know do have a genetic component. For example, Lynch syndrome is an inherited predisposition towards colon and other cancers.”

If there are multiple cancers in your family, don’t just throw in the towel and succumb to it, Rhees says. “Just because you have cancer in your

family tree doesn’t mean it’s necessarily going to be passed down to you.”

“It’s important to distinguish between familial cancers—those that appear multiple times in families due to environmental factors or lifestyle choices—and hereditary cancers, which can be attributed to a single gene mutation,”

Dr. Boland says. “Only about 3 percent of colon cancer cases—and probably most other cancers—are inherited.”

Debbie Stallings never expected to have breast cancer, since it doesn’t run in her family. Fortunately, sons Tommy and Tony were there for her.

DOWNLOAD IT NOW Chart Your Family History

Know what you’re up against. Download a free family health tree and start filling it out today! Then, talk to your doctor about what’s on it. Get yours at BaylorHealth.com/HealthCast.

A genetic counselor can help you understand the difference and provide testing to identify any mutations in your DNA. If the results are positive, look at it as an opportunity to be proactive, instead of as a dark cloud over your future.

“Having a predisposition toward cancer isn’t a death sentence,” Rhees says. “Knowing that you carry a mutated gene offers valuable information that can help you make informed decisions about preventive care.”

In Your Hands

Regardless of your family’s health history, the importance of being proactive about your health, communicating with your physician and regular screening can’t be emphasized enough.

“Keep a detailed history of your family’s health conditions, age at diagnosis and age at death—and then share that information with your physician,” Dr. Boland says.

“And consider meeting with a genetic counselor, who can offer additional testing and valuable education,” Rhees adds. “Then follow your physician’s orders when it comes to recommended screenings and make appropriate lifestyle changes to reduce your risk.”

Most of all, remember that the most significant determining factor of your future health isn’t that your parents died of cancer young or that your grandparents are still living cancer-free into their 90s—it’s you. ●

HOW GENETIC TESTING CAN HELP

If you’re concerned about cancer or other inherited diseases in your family tree, a genetic counselor can help. Here, C. Richard Boland, M.D., chief of gastroenterology for the GI Cancer Research Laboratory at Baylor Research Institute at Baylor Dallas, explains how.

1 RISK ASSESSMENT

A genetic counselor can help assess your risk of disease based on your family and medical history, and a blood test to identify mutations in your DNA.

2 EDUCATION

Your counselor can educate you about your results, guide you toward further testing, offer suggestions on prevention and management, and share additional research in areas of interest.

3 COUNSELING

In addition to helping you assess your risk, a genetic counselor can help you make informed decisions about prevention for future generations and modifying your screening schedule or lifestyle to aid in prevention and early detection.

MORE → For a referral to a genetic counselor, please call **1.800.4BAYLOR**.

For By Teresa Caldwell Board the Girls

5 things no one ever told you about being a woman

Women's health issues have come out of the shadows and into the spotlight since the days when visibly pregnant women didn't appear in public and breast cancer was a taboo subject. Now, politicians debate cervical cancer vaccines and football players wear pink on national TV to promote breast cancer awareness.

All this attention to women's health is a great thing. But you might get the impression that if you've kept up with mammograms and Pap tests, you've done everything you need to do.

To stay whole-body healthy your whole life, here are some things every woman should know:

1 Your annual exam is about more than getting a Pap test.

Women with a history of normal Pap tests only need to get them every one to two years. (Talk to your doctor about the frequency that's right for you.) But an annual exam is still important.

"Since Pap smear screening recommendations have changed, women think they don't need to come in for annual exams," says Danielle Burkett, D.O., an obstetrician and gynecologist on the medical staff at Baylor All Saints Medical Center at Fort Worth.

A well-woman exam is a chance to cover other important screenings and discuss lifestyle habits. "Women often don't realize that heart disease is the No. 1 killer of women," Dr. Burkett says. To screen for heart disease risk, your provider will look at your blood pressure, weight, family history and cholesterol level, along with lifestyle factors such as smoking and exercise.

A colonoscopy at age 50 is another important screening women need. "Colon cancer is one of the top three causes of cancer death in women," Dr. Burkett says. Plus, if the results are normal, you won't need another test for 10 years.

2 Strength training isn't just for men.

"As women get older, we lose some of our muscle mass," Dr. Burkett says. Incorporating strength or resistance training into your regular workout increases metabolism, boosts fat burning and improves bone health.

"Women may think of big, muscular guys in the gym lifting huge barbells," Dr. Burkett says. In reality, you can use light hand weights, resistance bands and even your own body weight. Add a couple of days of strength training to three days of 30-minute cardio sessions for a balanced fitness program, Dr. Burkett suggests.





A CLICK AWAY

Do You Have a Doctor?

Women who have a doctor tend to be healthier than those who don't.

To find a doctor near you, visit FindDrRight.com today.

3 Children aren't the only ones who have "accidents."

Stress incontinence is common after childbirth and usually resolves on its own. But if you continue to leak urine when you cough, laugh or sneeze, you don't have to live with it.

For stress and other types of incontinence, "there are a variety of treatment options that range from very minimally invasive, like physical therapy, to medications and surgical options," Dr. Burkett says.

5 Losing sleep can leave you vulnerable to illness.

Feeling tired isn't the only price you pay for selling yourself short on sleep. In one study, people were three times more likely to catch a cold if they had slept seven hours or less, compared with those who had slept at least eight hours.

Not only that, sleep deprivation has been associated with weight gain, which can affect your risk for chronic disease. Making time for a regular, restful night's sleep can pay off in more energetic, healthy days. ●

4 Your shoes can be a pain—in more than just your feet.



Those killer stilettos may be as menacing as they sound. Over time, high heels can cause shortened calf muscle fibers and thickening and stiffening of the Achilles tendon. They also strain knee joints, increasing the risk of osteoarthritis.

"It's important to realize that your feet are your foundation," Dr. Burkett says. By throwing off your body alignment, high heels can cause knee, hip or back pain, even headaches. Take a step in the right direction by wearing lower heels, and wear them less often.

Know What's Normal

Not every lump in the breast means cancer. In a common condition known as fibrocystic breasts, fibrous tissue causes breasts to have a lumpy texture. "I tell my patients it's important to be familiar with what's normal for them, so that when something does seem different, they're more likely to be aware of it," says Danielle Burkett, D.O., an obstetrician and gynecologist on the medical staff at Baylor All Saints Medical Center at Fort Worth.

Of course, any new or different lump should be evaluated by your health care provider. But the good news is, "especially in premenopausal women, breast masses are generally benign," Dr. Burkett says.

Getting Lifesavers Back to Their Lives

Baylor studies customized cardiac rehab for firefighters and others in strenuous occupations

Cardiac rehabilitation is an essential component of helping people regain strength and confidence after a heart attack or other cardiac event. But what a retiree needs to return to tasks like gardening is vastly different from what a 40-year-old firefighter needs to get back on the job.

That's why Baylor Jack and Jane Hamilton Heart and Vascular Hospital has established a Return to Work Lab, where customized cardiac rehab is offered to people who work in specific fields. The lab was created as part of a research study to demonstrate that more strenuous cardiac rehab can be safe under the right circumstances.

"The traditional person in rehab stays about eight weeks, and current guidelines say they need to be able to lift one to five pounds for the first five weeks," says Jenny Adams, Ph.D., a senior research associate and member of the cardiac rehab team at Baylor Hamilton Heart and Vascular Hospital. "When you realize that a firefighter's uniform alone weighs 50 or 60 pounds, you can see why that's an issue."

Building Stamina

The Return to Work Lab has special equipment beyond the usual treadmills and bikes. Firefighters, for example, also work with stairs, heavy fire hoses and mallets used to break down doors.

Like any cardiac rehab participants, the firefighters gradually build up their strength and stamina. In one exercise, they begin by carrying a 50-pound dummy and work their way up to one that weighs 175 pounds.

Part of the research study involved visiting firehouses to look at the tasks performed by firefighters on a daily basis. This helps the cardiac rehab specialists know what level they need to work firefighters up to so they can return to their jobs safely.

The study will look at five occupations, including police officers and farmers. Ultimately, Dr. Adams says, the goal is to demonstrate that

it's safe to work some cardiac patients harder than others.

Equally important is making sure professionals are ready to get back to work. "If a firefighter comes into your home or is working right next to you on the job," Dr. Adams says, "you want to know they're physically capable." ● *By Amy Lynn Smith*



RESEARCH AT BAYLOR Want to Help?

This study isn't open to volunteers, but to learn about other research trials at Baylor seeking participants, visit BaylorHealth.com/AdvancingMedicine.





Alcohol's Link to Breast Cancer

You already know that too much alcohol isn't good for you. But it may be especially bad for women.

A new study supports what experts have been saying for a while: More than one drink a day boosts your risk of breast cancer.

The study followed 106,000 women over 28 years and found that women who consumed three to six drinks a week increased their risk of breast cancer by 15 percent as compared with women who didn't drink. Plus, the study showed that the more women

drank, the greater their odds of developing breast cancer.

To reduce the risk of breast cancer and other health issues, women should stick to no more than one alcoholic drink per day. That's 12 ounces of beer, five ounces of wine or 1.5 ounces of 80-proof spirits.



PROTECT YOURSELF

An Ounce of Prevention

There are many more ways to decrease the risk of health conditions specific to women. Learn more at BaylorHealth.com/Prevention.

SPRING INTO FITNESS THE RIGHT WAY

This may be one of the most popular times of year for people to start sprucing up their fitness program. (Especially if those new year's resolutions didn't work out so well.)

Whether you're starting from scratch or just want to take your exercise routine to the next level, do it wisely. Here are some tips from the American Academy of Orthopaedic Surgeons:

- Start with an amount of activity you're comfortable with, whether it's 30 minutes or 10 minutes of moderate activity per session.
- Increase your activity gradually, maybe keeping a chart to track your progress.
- Always include time to warm up and cool down, and stretch.
- Set a weekly schedule that includes days off.
- Establish goals and reward yourself for meeting them.

Ideally, choose a combination of aerobic, flexibility and strength-training exercises that you enjoy. For example, you could walk one day, take a yoga class the next and work with resistance bands another day. The variety will give you the best results and ward off boredom.



Get Smart About Strokes

A stroke is serious. But did you know a ministroke can be, too?

Transient ischemic attacks (TIAs), also known as ministrokes, can decrease life expectancy by 20 percent, says a new study published by the American Heart Association.

Just like strokes, TIAs are caused by a blood clot that blocks blood flow to the

brain. With a TIA, the blockage is temporary and doesn't leave lasting damage. But TIAs do increase your risk of having a stroke in the future.

Fortunately, TIAs and strokes can often be prevented with lifestyle changes. These include managing blood pressure, cholesterol and blood glucose levels, as well as not smoking.



Free. Online. All the time.

At BaylorHealth.com/Exclusive you'll find health information for you and your family you can't get anywhere else, including:

Articles • Videos • Recipes • Quizzes • Tips

Community Calendar

March & April 2012

Registration required for all events unless otherwise indicated. Call **1.800.4BAYLOR** to register.

Health Screenings Know Your Numbers

Free screenings for blood pressure, weight, BMI, oxygen level and body fat. Plus, cholesterol panel and glucose testing for \$15. March 21, 7 to 9 a.m., front lobby.

Women's and Children's Education Preparation for Childbirth,

five weekly sessions beginning March 15, March 19 or April 3, from 6:30 to 9:30 p.m. No charge.

Weekend Childbirth Seminar

is a two-day version of Preparation for Childbirth. March 17 and 24. No charge.

All About Baby

teaches infant care and development. March 1 or April 19, 6:30 to 9:30 p.m. \$30

Infant and Child CPR

teaches basic skills but is not a certification course. March 31 or April 28, 7 to 10 p.m. \$30

Big Kid's Club

is designed to help siblings, ages 3½ to 8, adapt to a new baby. April 29, 2:45 p.m. \$15

All maternal and child health information classes will be held in Classroom 202.

Weight Loss Surgery Successful Habits

This six-week session discusses successful habits for weight loss surgery patients. April 4, 6 to 9 p.m., Classroom 300. \$75

Support Groups Breast Cancer Survivor Support Group

Open to breast cancer survivors at any stage. Dinner provided. March 6 and April 3, 6 to 7:30 p.m., Conference Room 2.

Weight Loss Surgery Support Group

Led by a certified bariatric nurse who is also a successful weight loss surgery patient. March 6 and April 3, 6:30 p.m., Conference Room 1.

Community Outreach

Baylor Carrollton is committed to improving the health of the community. We offer educational presentations and various health screenings at local health fairs and other events, as well as churches and businesses. To schedule a screening or educational event for your organization, call the community outreach coordinator at **972.394.2244**.

“Thanks to
spine surgery at
Baylor, I'm
ready to
roll.”



Maureen Sexton loves to bowl. But chronic neck and back pain from a herniated disc forced her to give up the sport she had enjoyed for 20 years. When the pain made everyday activities unbearable, she researched her options. Maureen decided to have spinal fusion surgery at Baylor Medical Center at Carrollton. “I felt very comfortable and at ease at Baylor. My doctor was very caring and knowledgeable about the spine. When I woke up from surgery, the pain was gone.” Maureen participated in two weeks of physical therapy and then continued to exercise on her own at home. Today, she's back to bowling again.

For a physician referral or for more information about orthopedic services, call **1.800.4BAYLOR** or visit us online at BaylorHealth.com/CarrolltonSpine.

4343 North Josey Lane
Carrollton, TX 75010



FOLLOW US ON:
Username: BaylorHealth

