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Baylor Health

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In Your Corner

JANEL HOLLISTER leaned on her son DUSTY and on Baylor during her bout with cancer

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 **BAYLOR**
Medical Center
at Carrollton



FOR THE LADIES

A new procedure offers an easy way to eliminate fibroid pain page 2



GET CHECKED

Is your thyroid out of whack? Find out and regain your balance page 3

A New Option for Women

Discover an easier alternative to a hysterectomy



Fibroids, benign growths in the uterus, can cause women significant monthly pain and bleeding. A hysterectomy effectively treats fibroids, but it also precludes childbearing and has a long recovery time. Now a minimally invasive option that preserves the uterus is gaining popularity. It's called uterine fibroid embolization (UFE).

"Uterine fibroid embolization can eliminate the pain and heavy bleeding associated with small and moderate-size uterine fibroids with a much shorter recovery time," says Joseph Chan, M.D., an interventional radiologist on the medical staff at Baylor Medical Center at Carrollton.

Q What is involved in UFE?

A: Under X-ray guidance, an interventional radiologist inserts a small catheter into a groin artery and threads it to the blood vessel(s) feeding the uterine fibroid. When the catheter is in position, tiny plastic particles are injected to plug up the vessel. Cut off from its

blood supply, the fibroid will shrink over time. The process may be repeated when multiple fibroids are present.

"It's like pruning a tree," Dr. Chan says. "You don't want to block every single blood vessel, but you want to 'thin out' the blood supply enough so the fibroid will die."

Q Is a hospital stay necessary?

A: Generally, patients require a one-night stay. "Patients start having pain four to six hours after the procedure," Dr. Chan

says. Once the patient responds well to oral pain medication—usually the next morning—she is discharged. Normal activity may resume in seven to 10 days.

Q Who is a candidate for UFE?

A: The ideal candidate has symptomatic fibroids, is not pregnant, wants to keep her uterus, does not want surgery or is not a good candidate for surgery, and has not reached menopause.

Q What are the complications?

A: The rate for complications is low. However, there is a risk of infection, and the particles may migrate to block blood vessels serving the ovaries, causing early menopause. Also, an additional gynecological procedure may be required to remove dead fibroid tissue.

Q How effective is UFE?

A: About 80 to 85 percent of women who have had UFE report significant symptom relief, even a year after the procedure. ● *By Deborah Paddison*

GET THE SCOOP Is It Right for You?

If uterine fibroids are affecting your quality of life, talk with your gynecologist about treatment options, including UFE. For a referral to an OB/GYN on the Baylor Carrollton medical staff, call 1-800-4BAYLOR or visit FindDrRight.com.

Baylor Medical Center at Carrollton

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BAYLOR
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Just Right

Keep your thyroid in balance



The thyroid is a small, butterfly-shaped gland in the neck that secretes hormones responsible for regulating body functions including heart rate, metabolism, weight and bone health.

Normally, the thyroid hormone keeps everything running smoothly. However, millions of Americans have thyroid disorders that throw this delicate balance out of whack.

Hypothyroidism

Symptoms of hypothyroidism (underactive thyroid) include fatigue, increased sensitivity to cold, weight gain, constipation, dry skin and brittle hair.

Because it's often difficult to pinpoint a specific cause for these common symptoms, a test to measure the amount of thyroid-stimulating hormone (TSH) in your blood can help make the diagnosis.

Thyroid medication will bring the levels back up, although sometimes it takes time and adjustment to arrive at the optimal dose, according to Ramona Raj, M.D., an endocrinologist on the medical staff at Baylor Medical Center at Carrollton.

Hyperthyroidism

Symptoms of hyperthyroidism (overactive thyroid) include anxiety or irritability, feeling warm, weight loss, rapid heartbeat

When Should You Consult an Endocrinologist?

Endocrinology covers a spectrum of disorders related to hormone imbalances, including diabetes, adrenal disorders and polycystic ovary syndrome. Many endocrinologists devote most of their time to diabetes, but it's worth a little time and effort to find one who specializes in thyroid disorders.

Here's when you should take your thyroid problems to an endocrinologist:

- To definitively diagnose hyperthyroidism or hypothyroidism.
- If you have been diagnosed with the autoimmune disorder Graves' disease (a form of hyperthyroidism) or Hashimoto's disease (a form of hypothyroidism).
- If you have suspicious thyroid nodules or a goiter (a visibly enlarged thyroid).
- In cases of thyroid surgery or thyroid cancer.

and diarrhea. Interestingly, people with hyperthyroidism also can experience fatigue.

The diagnosis of overactive thyroid is a bit more complicated, Dr. Raj says.

"We can diagnose it with blood testing, but often we have to do other tests such as a thyroid scan to figure out why a patient's thyroid is overactive."

Radioactive iodine is the treatment of choice for most people because it is effective and less invasive than surgery. Surgery to remove the gland is an option in some cases. "If the thyroid gland is removed, then you would simply replace the thyroid hormone using medication," Dr. Raj says.

Thyroid Nodules

These growths are common, and most people never know they are there. Sometimes they grow large enough to be felt.

"For a thyroid nodule you can feel, usually more than 1 to 2 centimeters, we recommend an ultrasound followed by a fine-needle biopsy to ensure that it is not cancerous," Dr. Raj says.

The good news is that at least 90 percent of thyroid nodules are benign, according to the American Thyroid Association. • *By Deborah Paddison*



SEE A SPECIALIST

Get Your Thyroid Checked

For a referral to an endocrinologist on the medical staff at Baylor Carrollton, call **1-800-4BAYLOR** or visit **FindDrRight.com**.

Heart Attack Comebacks

Cardiac rehab is essential to recovering and staying in good health

A decade of heart trouble and a heart transplant a year ago had stripped 46-year-old Byron Green of most of his strength, but not his will. He was determined to get stronger, and cardiac rehabilitation was part of the Dallas resident's recovery program—as it should be for every patient, says Michael Rothkopf, M.D., a cardiologist on the medical staff at Baylor Medical Center at Irving.

“There are studies that suggest that patients who go through cardiac rehab have a better prognosis and actually live longer—just on the basis of cardiac rehab itself, although we don’t know specifically why that is,” he says.

According to Dr. Rothkopf, cardiac rehab helps patients return to normal activity as much as possible. Exercising in a supervised environment soon after a heart attack or cardiac procedure can also alert patients and caregivers to any potential issues. In addition, cardiac rehab can build confidence in people who are afraid they might have another cardiac event, a common concern.

Supervision and Support

At Baylor Hamilton Heart and Vascular Hospital, where Green participated in cardiac rehab for three months, the program includes medically supervised exercise, stress management, nutrition counseling, and education on cardiac health, medication and more.

According to Danielle Strauss, BSN, RN-BC, cardiac rehab team leader, the program is patient-centered and individualized.

Katy Kennedy, M.S., a cardiac rehab exercise physiologist, says, “Each patient is evaluated when they come in, and we design a program to help them return to whatever activities they did before.”



Out on Your Own

Green's regimen included walking on a treadmill, riding a stationary bike and lifting weights—all of which he does on his own at the gym now. During rehab, he also worked with a dietitian and a social worker to discuss the emotional issues surrounding his condition.

“The program was the best thing in the world I could have done,” he says. “I’ve never felt better.”

Strauss emphasizes how essential cardiac rehab is to recovery. “It should be just as important as taking any medication your doctor prescribes,” she says. “The more sessions a patient can attend, the better.” ● *By Amy Lynn Smith*

HEART-HEALTHY INFORMATION

Learn and Live Well

In addition to cardiac rehab programs, many Baylor locations offer Leap for Life® seminars open to anyone with a history of heart and vascular disease. To learn more, call **1-800-4BAYLOR** or visit **BaylorHealth.com/LeapforLife**. For five ways to make your heart healthier, listen to our podcast at **BaylorHealth.com/HealthCast**.



The Inside View

Baylor researchers get a close-up look at disease processes by creating cells in the lab

When you're trying to understand a complex disease, seeing what it does inside the body is essential. Baylor researchers are using stem cells created in a lab to get a closer look at Fabry disease—from outside the body.

People with Fabry disease, a genetic condition, are missing an enzyme that prevents the body from metabolizing certain fatty substances and can lead to heart disease and stroke.

In an effort to understand why this happens, Baylor researchers are re-creating cardiac cells in the lab. They're working with induced pluripotent stem cells, which mimic embryonic stem cells but are created by manipulating adult cells from patients.

"We can differentiate these cells into cardiac cells, so we can study the disease mechanisms and potentially develop new therapies," explains Xingli Meng, M.D., Ph.D., assistant investigator at the Kimberly H. Courtwright and Joseph W. Summers Institute of Metabolic Disease (IMD), a component of the Baylor Research Institute.

These cardiac cells beat like a human heart—except in a Petri dish. For about two years, a team at IMD has been studying these cells to search for abnormalities. They have already discovered one abnormality in the calcium channels in the cardiac cells of mice they're using for their experiments. The

next step will be to determine if the same abnormality is also present in the human cardiac cells.

According to Dr. Meng, the research has two goals. One is to gain a greater understanding of the disease process of Fabry's. The second is to develop a cell-based therapy that could someday lead to a treatment or cure for this disease.

What's more, the research could apply to other diseases. "This technology could be used with diseases that are caused by genetic defects or have a genetic factor," says Dr. Meng. "There are still diseases we could understand better and new ways we could use cell-based therapies like cell transplantation. For example, grafting of a patient's own cardiac cells manipulated from their skin biopsy may benefit heart conditions such as myocardial infarction and heart failure in the future. This area of research holds a lot of promise." ● *By Amy Lynn Smith*



RESEARCH AT BAYLOR

A Closer Look

Although this study is not enrolling participants, you can learn more about other trials at Baylor that are seeking participants at BaylorHealth.com/AdvancingMedicine.

"We can differentiate these cells into cardiac cells, so we can study the disease mechanisms and potentially develop new therapies."

Xingli Meng, M.D., Ph.D.

On Your Side

When subtle symptoms signaled a cancer diagnosis, Baylor was ready By Stephanie R. Conner



Janel Hollister learned she had breast cancer in June 2008. She had a double mastectomy followed by chemotherapy, and nearly six months after her original mammogram, a scan showed she was cancer-free.

But a year later, when Hollister mentioned to her doctor that she thought she might have arthritis in her hip, her doctor was concerned.

“She ordered a scan, and sure enough, the cancer had spread to the bone,” says Hollister, 60. “I had a tumor in my hip.”

Some of cancer’s signs are clear—like a suspicious mammogram or elevated prostate-specific antigen (PSA) levels—while others, like unexplained pain, are more subtle. In addition to having regular screenings, it’s wise to watch for these subtle symptoms.

Breast Cancer

“Like many cancers, early-stage breast cancer doesn’t have a lot of systemic symptoms,” says Anita Chow, M.D., a breast surgical oncologist on the medical staff at Baylor All Saints Medical Center at Fort Worth.



WATCH THE VIDEO

See Janel’s Story

Learn about Janel’s journey through cancer treatment and recovery by downloading our digital magazine at BaylorHealth.com/Exclusive.

Janel Hollister’s son Dusty lent support—and even helped shave her head—during cancer treatment.

Nipple discharge, particularly a bloody discharge, or skin dimpling, can be symptoms of cancer. Nipple inversion, meaning a nipple that's turned inward, can also be a sign.

Even though most of the time these symptoms are not linked to cancer, they should be evaluated, Dr. Chow says.

"The key is to be aware of subtle changes in the breast," she adds. "I still recommend self-exams. Being aware of your body is never a bad thing."

Lung Cancer

"Unfortunately, for lung cancer, there is no particular telltale sign," says Kartik Konduri, M.D., a medical oncologist and co-medical director of Baylor Charles A. Sammons Cancer Center's lung cancer center of excellence.

The main signs, he says, are a cough, increased shortness of breath and fatigue. And if you're coughing up blood, see a doctor immediately.

These symptoms are also signs of bronchitis or upper respiratory diseases,

Dr. Konduri says, but the best course of action is to see a doctor.

"The worst situation is when patients have been coughing up blood for months and didn't see a doctor sooner," he says.

Other Signs of Cancer

Many cancers have some of the same symptoms. These include unintentional weight loss, fevers and sweats. In addition, any lumps or pain that doesn't go away might be signs, says Manish Gupta, M.D., a medical oncologist on the medical staff at both Baylor Regional Medical Center at Plano and Baylor Medical Center at Garland.

"Watch for any changes to your body. I see people who knew something was wrong and ignored it," Dr. Gupta says. "Something that's not normal for you and doesn't go away should be looked at."

You may learn that something other than cancer is to blame, Dr. Gupta says, but if it is cancer, the sooner it can be diagnosed, the better.

Looking Forward

Hollister's cancer continued to spread—later to her liver, and she has been treated with strong doses of targeted radiation.

Fact or Fiction

Thanks to the Internet and easy email-forwarding, rumors about cancer abound. Anand T. Shivnani, M.D., a radiation oncologist on the medical staff at both Baylor Medical Center at Carrollton and Baylor Medical Center at Irving, sheds some light on a few.

RUMOR

REALITY

Security scans at the airport are exposing me to harmful amounts of radiation.

"Those types of scanners use a very superficial kind of radiation," Dr. Shivnani says. "It's less radiation than you'll be exposed to on the flight [from the sun]."

The nuclear power plant disaster in Japan has put us all at risk.

"For people in North America, the chances of significant exposure is very small," Dr. Shivnani says. "There was a lot of hyped-up concern, which was misguided."

I shouldn't microwave my lunch in a plastic container because of the chemical BPA (bisphenol A).

There's not enough good data to know for sure, Dr. Shivnani says. But using glass containers until more is known isn't a bad idea.

"My hair has fallen out not once but twice. I've had no eyebrows, no eyelashes," she says. "But there's no woman I've seen who doesn't look absolutely beautiful bald."

She leans on her husband and two adult sons, and Hollister, an avid bridge player, stays positive and lets other cancer patients lean on her as a certified American Cancer Society Reach to Recovery volunteer.

"These are the cards I've been dealt," she says, "and I'm doing the best I can with the hand I've been given." ●



GET THE TESTS YOU NEED

Baylor Is Here to Help

Talk to your doctor about cancer screenings. If you need a physician, get a referral at **FindDrRight.com** or by calling **1-800-4BAYLOR**.



Back in ACTION!

Is back pain putting you off your game?
Score a victory with these tips

By Shelley Flannery



We all know the sitcom scene. A middle-aged man tries to relive his glory days of high school sports hero when “crack!” his back goes out. Twenty-two minutes later, he’s learned his lesson of acting his age and he’s moved on to the next scene. But rarely is back pain that simple—or funny—in real life.

One thing TV shows have right is how common back pain is. “It’s the second most common reason behind cold and flu that people visit their doctors,” says Melanie B. Kinchen, M.D., medical director of the Baylor Spine Center at Baylor Regional Medical Center at Grapevine.

Read on to learn about four types of back pain—and what to do about it.

Sprains and Strains

Like the scene with the weekend warrior, sometimes you know exactly what happened that caused your back pain. But often, it’s less clear. “You may not even be able to pinpoint an activity,” Dr. Kinchen says.

WHAT TO DO: If the pain is limited to your back and not radiating down your leg, take it easy, ice the area and use over-the-counter pain relievers. If the pain doesn’t subside after a few days, see your doctor. “Still, most back pain will go away on its own,” says Christopher Duntsch, M.D., a neurosurgeon on the medical staff at Baylor Regional Medical Center at Plano.



PREVENT BACK PAIN

All the Right Moves

For exercises to strengthen and protect your back, plus tips on keeping your spine injury-free, watch our video at BaylorHealth.com/BackPain. For a referral to a physician who can help you beat back pain, call 1-800-4BAYLOR or visit FindDrRight.com.

BE KIND TO YOUR SPINE

Give your spine some credit. “It’s the one area of the body that never gets a break,” says James Guess, M.D., an orthopedic surgeon and chairman of the department of surgery at Baylor Medical Center at Carrollton. “It’s still working even when you’re lying down.” Go easy on your back with these tips:

DON’T TWIST. Turn your body anyway you want, but don’t twist or rotate your back.

LIFT WITH YOUR LEGS. Squat at the knees; don’t bend at the waist.

MOVE OFTEN. Don’t sit for long periods. Get up every now and then to replenish your spine with nutrients.

USE A LUMBAR ROLL WHEN SEATED. It helps maintain the natural curvature in your spine.

CHOOSE A FIRM MATTRESS. Sleep on your back or side and, if necessary, place a pillow between your knees.

BUILD YOUR CORE. Strong muscles in the midsection help support your spine and prevent injury.



Ruptured or Herniated Disk

As we age, disks become dehydrated and therefore less supportive and resistant to injury. A ruptured disk or herniated disk in the lower back causes pain to radiate into one or both legs (called sciatica).

WHAT TO DO: Once the legs are involved, most likely a nerve is being affected. If you have severe leg pain or you can’t flex your ankle, call your doctor as soon as possible. “If the nerve is damaged too badly, it might never heal,” Dr. Kinchen says. “Get it checked right away.”

Spinal Stenosis

This slow-to-develop condition occurs when joints and ligaments in the spine thicken, causing the spinal canal to get narrower. Other symptoms besides back pain include leg heaviness, burning, fatigue and cramping.

WHAT TO DO: Talk with your physician about treatment options, which range from medication and physical therapy to minimally invasive surgery and spinal fusion. “Treatment depends on your pain level and the affected areas,” Dr. Duntsch says.

Degenerative Disk Disease

This condition is largely attributed to aging; however, it can also be brought on by an injury. Pain is usually felt in the back and neck, but the arms or legs may also be affected.

WHAT TO DO: “Most people over age 30 have at least some disk degeneration,” Dr. Kinchen says. “But it doesn’t always cause pain.” If you have consistent pain, talk to your doctor. Treatment options include applying ice or heat to the area, medication, physical therapy and surgery. ●

Should I Drive to the Hospital?

In a health emergency, knowing what to do—or not to do—can save time and lives



Lots of injuries and illnesses—from stomachaches to fevers to twisted ankles—warrant treatment. But sometimes it can be tough to figure out where to seek help. These guidelines can point you in the right direction.



➡ WHEN TO CALL 911

If a condition seems life-threatening, call 911. “Don’t try to drive yourself or someone else to the emergency department [ED] if a life is in danger,” says James D’Etienne, M.D., medical director of emergency services at Baylor Medical Center at Waxahachie.

➡ WHEN TO GO TO THE EMERGENCY DEPARTMENT

The ED is the place to turn for serious situations, when you need help right away. But driving there could put you and others at risk, so don’t hesitate to call 911 when necessary.

According to the American College of Emergency Physicians, the following symptoms warrant immediate medical attention:

- Any trouble breathing
- Pain or pressure in your chest
- Feeling faint, dizzy or weak
- Severe pain that comes on suddenly
- Bleeding that doesn’t stop
- Excessive vomiting or diarrhea
- Bringing up blood when you cough or vomit

- Feeling suicidal
- Having trouble speaking
- Vision changes
- Mental status changes
- Unusual abdominal pain

➡ WHAT TO DO AFTER HOURS

Most common illnesses and minor injuries are handled by primary care physicians in a clinic setting. But what should you do when your doctor’s office is closed? Baylor Medical Center at Carrollton offers a Fast Track option evenings and weekends, providing quicker treatment for those minor ailments, including:

- Non-life-threatening allergic reactions
- Allergies and asthma
- Bronchitis
- Minor burns
- Congestion
- Coughs
- Earaches and ear infections
- Fever
- Flu
- Migraines
- Rashes
- Sinus infections
- Sore throat
- Stomachaches
- Fractures
- Cuts/stitches
- Sprains and strains

➡ WHEN TO SEE YOUR DOCTOR

If your doctor’s office is open, he or she can treat most non-emergency conditions in the office. With any non-life-threatening health concern, it’s often a good idea to call your primary care physician first.

“But if you think it’s an emergency, especially if you have chest pain, difficulty breathing, stroke-like symptoms or trauma, the ED is open 24/7,” Dr. D’Etienne says. “If you don’t feel it’s an emergency, and it can wait, you may prefer to call your doctor and make an appointment.”

Many doctors will return your call even outside of normal office hours and, once you describe your symptoms, can recommend a home treatment, an office visit the next day, or tell you if a trip to the ED is necessary. ●

↓ BE PREPARED Download Our Tipsheet

Want to be ready for an emergency? Download our tipsheet on heart and stroke emergencies at **BaylorHealth.com/EDTips**.

Six Baylor Hospitals Ranked by U.S. News



For the 19th consecutive year, *U.S. News & World Report* has listed Baylor University Medical Center at Dallas in its “America’s Best Hospitals” issue.

Baylor Dallas is ranked among the nation’s top 50 hospitals in gastroenterology (28), nephrology (23), pulmonology (50) and urology (33), and has climbed within the rankings in all four specialty areas. Baylor Dallas also ranked regionally in seven additional specialties.

Also receiving regional rankings for the Dallas-Fort Worth area are Baylor Institute for Rehabilitation, Baylor Regional Medical Center at Plano, Baylor All Saints Medical Center, Baylor Medical Center at Irving and Baylor Medical Center at Garland.

“The number of Baylor hospitals on this list shows the strength and the breadth of the Baylor Health Care System,” says Joel Allison, president and CEO, Baylor Health Care System. “It is proof of our commitment to provide advanced, quality care to all the communities and patients we serve.”

Following Doctor’s Orders

If you’re battling a chronic disease such as diabetes or congestive heart failure, complying with your doctor’s recommendations should be top priority. Here are three tips to help you partner effectively with your physician so you can more easily follow their recommendations.

1. ASK your doctor for common-sense recommendations to help you manage your condition, from a healthy diet to an exercise plan. Don’t be afraid to speak up if you don’t understand something: Your doctor wants to help.

2. TELL your doctor about new symptoms, adverse reactions to medications or changes in your health. Share your symptom diary. The better your doctor understands your health, the better your care will be.

3. TAKE your medications as prescribed. When you’re feeling well, you may be tempted to skip them. To help you remember, take them at the same time each day and store them in a weekly medication dispenser.



WHAT’S CAUSING YOUR HEADACHES?

When you have a headache, you just want the hurting to stop. But could you be doing—or not doing—something to bring on the pain?

Sure, some people are more prone to headaches than others, and changes in barometric pressure can even be a culprit. But unhealthy lifestyle factors may also play a role. Here are the most common headache triggers to watch out for, so you can minimize your headache risk:

- Working excessively long hours
- Not getting enough sleep
- Skipping meals
- Drinking alcohol
- Ignoring clear signs of stress and anxiety

? TIME TO RELAX Don’t Stress It

Take a stress and anxiety assessment at BaylorHealth.com/StressTest to find out where you stand, so you can reduce your headache risk.

The USDA Dietary Guidelines for Americans recently changed shape. The familiar food pyramid has been replaced by a more user-friendly plate, with half designated for **fruits & vegetables**, and the other half divided between **grains & protein**, with room for a serving of dairy on the side.





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Community Calendar September & October 2011

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. Sept. 21, 7 to 9 a.m., front lobby.

Screening Mammograms

An annual screening mammogram can help detect breast cancer at its earliest stage. Recommended for women 40 and over, screening mammograms do not require a physician's order. To celebrate Breast Cancer Awareness Month, all patients having mammograms in October will receive a free gift. Call **972-394-1080** today to schedule this life-saving exam. Saturday appointments are also available.

Support Groups

Breast Cancer Survivor Support Group

Open to breast cancer survivors at any stage. Dinner provided. Call **214-820-9277** to register. Sept. 6 and Oct. 4, 6 to 7:30 p.m., Conference Room 2.

Infertility Support Group

This group is designed to encourage and empower women who are struggling

with infertility. Spouses and significant others are also welcome. Sept. 5, 7 p.m., Conference Room 1.

Weight Loss Surgery Support Group

Led by a certified bariatric nurse, who is also a successful weight loss surgery patient. Sept. 6 and Oct. 4, 6:30 p.m., Conference Room 1.

Women's and Children's Education

Preparation for Childbirth, six weekly sessions beginning Sept. 12 or Oct. 17, from 6:30 to 9 p.m. Weekend option also available. Now available at no charge.

Beyond the Basics: A Baby Owner's Manual, teaches infant care and development, Sept. 8 or Oct. 6, 7 to 9:30 p.m. \$25

Infant and Child CPR, teaches basic skills but is not a certification course, Sept. 21 or Oct. 19, 7 to 10 p.m. \$25

Big Kid's Club, designed to help siblings, ages 3½ to 8, adapt to a new baby, Sept. 11 or Oct. 9, 2:45 p.m. \$15

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

REAL PATIENTS. REAL STORIES.

“Double knee replacement at Baylor got me back on my feet.”



Linda Jones loves gardening, horseback riding and cooking. But when the cartilage wore away in both knees, it became extremely painful to do any of these activities and it was very difficult to climb the stairs in her three-story home. At Baylor Medical Center at Carrollton, Linda underwent double knee replacement followed by a short course of physical therapy. “At Baylor, the care was wonderful. The staff anticipated my every need before I even knew I had a need. They treated me like family.” With her pain gone, Linda is back to cooking, gardening, and her horses.

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

 **BAYLOR**
Medical Center
at Carrollton
Center for Orthopaedics and Spine Surgery

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