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Baylor Health

WAXAHACHIE EDITION

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REAL PATIENTS. REAL STORIES.

Putting *the* Pain *in the* Past

Thanks to treatment at Baylor, VICKI GIALLANZA's headaches no longer control her life

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 **BAYLOR**
Medical Center
at Waxahachie



STOP IT!
Ready to quit smoking? Join the Great American Smokeout **PAGE 2**



BEAT THE BURN
Tame unwelcome heartburn by avoiding these trigger foods **PAGE 4**



Take a Deep Breath

The third leading cause of death in the United States, behind cardiovascular disease and cancer, is something you may not be that familiar with: chronic obstructive pulmonary disease (COPD).

How do you know whether you have it? See your doctor if you have shortness of breath, fatigue or a cough, particularly if you are a smoker, says Jason Nordstrom, MD, an internal medicine specialist on the medical staff at Baylor Medical Center at Waxahachie.

He warns that people with shortness of breath often limit their activities rather than seeing a physician, missing the opportunity to be diagnosed and treated. "If you can't do activities you could do before, talk to your doctor," he says.

If you have a diagnosis of COPD, smoking cessation, medications and inhalers can help control your symptoms. In more severe cases, pulmonary rehabilitation—physical therapy for the lungs—can help. And vaccines against pneumonia and the flu can help protect your lungs from these dangerous infections.

Be a Quitter

Join the Great American Smokeout

Are you ready to quit smoking? Join others from across the country and give up cigarettes on Nov. 21, the American Cancer Society's Great American Smokeout.

"One of the most important things is to make a plan. I encourage people to set a quit date," says Karen Yeh, MD, a family practice physician on the medical staff at Baylor Medical Center at Waxahachie.

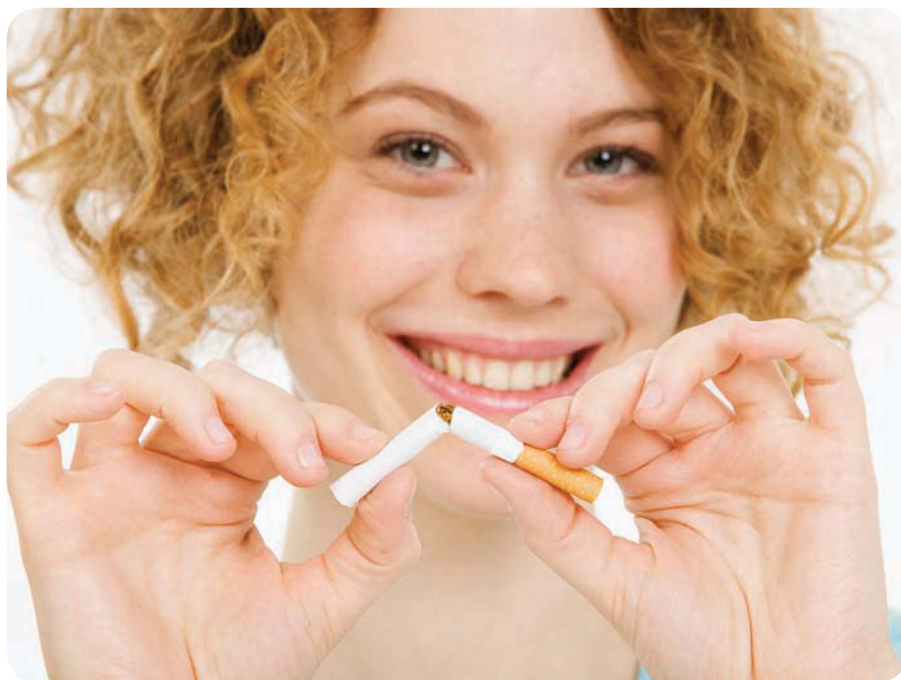
Also, it can help to identify the times you're likely to smoke—perhaps when you're stressed out, tired or need to relax—and come up with something else to deal with that trigger, Dr. Yeh says.

If you're committed to quitting, nicotine patches, gums or lozenges can be helpful. Dr. Yeh encourages people to try to quit a second, third or fourth time if they've tried unsuccessfully before.

Stop Smoking

Quitting smoking may be the most important thing you can do to improve your health. For more information on how to quit, visit BaylorHealth.com/QuitSmoking today.

"It's the best thing they can do for their health," she says.



Baylor Medical Center at Waxahachie, 1405 W. Jefferson, Waxahachie, TX 75165

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WALK OFF YOUR DIABETES RISK

Do you want to reduce your chances of developing diabetes? Put down your fork and hit the pavement. In a recent study of older adults at risk for diabetes, those who took a 15-minute stroll after meals showed improved blood sugar levels. And the postdinner walk was even more effective at halting a spike in blood sugar than walking after breakfast or lunch.

So before tackling those dishes, slip on your sneakers and take a turn around the block.



The Ultimate Gift? Stress-Free Holidays!

The holidays are supposed to be a time to celebrate and enjoy being with family and friends. But trying to make it “the best year ever” can lead to stress, disappointment and hefty credit card bills. It doesn’t have to be this way. Follow these three tips to cut the stress out of your holiday plans.

1 Watch your wallet. When it comes to gift-giving, set a budget and stick with it. And draw names if you’re exchanging with your extended family.

2 Watch your workload. Don’t wait until the last minute to shop or clean before company comes. Stay organized by making to-do lists and delegating tasks to others.

3 Watch your plate. Eating high-fat foods leads to extra pounds—and that means added stress. So when you indulge, choose only your favorite holiday foods and keep the portions small. And stick with your exercise routine to keep your weight on track and relieve stress.

7 (Other) Weight Loss Benefits

Losing weight can bring a range of health benefits—not just smaller pants. Slimming down can reduce or eliminate a variety of health problems, such as:

1. Asthma
2. Sleep apnea
3. Acid reflux
4. Stress incontinence
5. Blood pressure
6. Diabetes
7. Joint pain

Talk to your doctor about creating a weight loss plan for you.



Do You Have Diabetes?

To find a physician who can screen you for diabetes, visit **FindDrRight.com** today.





Beat the Burn

Tame reflux with these strategies and solutions

FEELING A BURNING SENSATION near the heart? That's probably heartburn, which may indicate gastroesophageal reflux disease (GERD). If you have GERD you might also have nausea, bloating or discomfort higher in the chest or in the abdomen. Here's how to cool the burn.

SMALL CHANGES, BIG RESULTS

Mild cases of GERD usually respond to lifestyle modifications, says Katrina Emmett, MD, a general surgeon on the medical staff at Baylor Medical Center at Waxahachie. Avoiding common triggers (see sidebar), elevating the head of your bed, eating no later than two to three hours before bedtime, and losing 10 to 15 pounds if you're overweight can help.

If those tactics don't work, you can turn to over-the-counter medications such as antacids, acid reducers or acid inhibitors.

"Eighty percent or more of people with bad heartburn get good relief when we turn off the acid production," Dr. Emmett says. But she warns that these medications may interfere with calcium absorption, so they may not be good long-term choices for women at risk for osteoporosis.

WHEN IT MIGHT BE MORE SERIOUS

While you can likely handle mild, infrequent symptoms on your own, seek medical attention if over-the-counter medications aren't working, you're having symptoms more days of the week than not, you're having symptoms between meals or your symptoms are new.

Your doctor may prescribe medications that aren't available over the counter and can check for signs that something more serious than GERD is going on, such as severe abdominal pain, difficulty swallowing, unexplained weight loss or difficulty eating.

If medication doesn't work or isn't recommended for you long term, surgery might be an option.

Heartburn Triggers

While not every trigger causes symptoms in every person, these foods are frequently culprits:

- Peppermint
- Chocolate
- Alcohol
- Coffee
- Citrus fruits and juices
- Tomato-based foods
- Fried and fatty foods
- Carbonated drinks
- Mustard
- Vinegar

Get Help for GERD

To find a physician who can provide treatment options for gastroesophageal reflux disease, visit [BaylorHealth.com/Waxahachie](https://www.baylorhealth.com/waxahachie) or call **1.800.4BAYLOR**.



Join the Movement

Ready to stop smoking? The Great American Smokeout is Nov. 21. For tips on quitting, visit BaylorHealth.com/QuitSmoking today.

Q&A: LUNG CANCER

Here's what you need to know about the No. 1 cancer killer

THERE'S NO EASY WAY to say it: Lung cancer is the leading cancer killer among men and women in the United States.

“More people die from lung cancer than from prostate, breast, colon and pancreas cancers combined,” says Jose F. Escobar, MD, medical director of thoracic surgery at Baylor Regional Medical Center at Grapevine and a surgeon on the medical staff at Baylor Medical Center at Irving. Dr. Escobar recently sat down with *BaylorHealth* magazine to answer common questions about the disease and offer new hope for those at highest risk.

Q DO I HAVE TO WORRY ABOUT LUNG CANCER IF I DON'T SMOKE?

Dr. Escobar: Yes, unfortunately a significant percentage of individuals with lung cancer have never smoked. Women seem to fall into this category more than men. In fact, 20 percent of women who develop lung cancer have never smoked.

Q IS LUNG CANCER TREATABLE?

Dr. Escobar: If you find lung cancer at an early stage, it's very treatable with surgery. We also have less invasive treatment options, including localized radiation or ablation, which uses very hot or very cold temperatures to kill or shrink the tumor.

The problem is, symptoms—such as persistent cough or pain in the chest with deep breaths—don't show up until the cancer has grown significantly.

Q ARE THERE TESTS THAT CAN FIND LUNG CANCER EARLY?

Dr. Escobar: There is a low-dose CT lung cancer screening for high-risk patients.

Q WHO IS CONSIDERED “HIGH RISK” AND ELIGIBLE FOR THE CT SCAN SCREENING?

Dr. Escobar: Generally, people older than 50 who have a “30-year pack history” can be screened. This basically means they have smoked the equivalent of one pack a day for 30 years or two packs a day for 15 years. Other risk factors may come into play too, so talk to your doctor.

Does Your Head HURT?

How to *prevent and treat* the most common types of *headaches*

For Vicki Giallanza, severe headaches were a part of life. For years, she treated her migraines with over-the-counter pain medication but rarely found relief.

“I had such bad migraines that I was staying in bed and not being very functional,” she says. Finally, Giallanza decided it was time for real help—that’s when she turned to the Headache Center at Baylor University Medical Center at Dallas.

“When I first started seeing my neurologist, a whole door was opened to me about headaches in general. I found out that there are different kinds of headaches and different kinds of medicine,” she says.

Giallanza’s doctor prescribed medications to prevent headaches and to stop them if they start, and educated her about potential triggers, such as caffeine, stress and strong odors. She kept a headache journal, which helped her doctor identify her triggers and work to combat them.

“Every day was not about my life. It wasn’t about working or playing with my kids; it was about my headaches,” she says. “When I found my headache care specialist at Baylor, he took care of controlling my headaches, and I didn’t have to think about that anymore. He helped me come back and find my normal life.”

Are headaches keeping you from doing the things you love? Read on to learn more about the types of headaches and how you can put the pain in the past.

With her headaches under control, Vicki Giallanza enjoys time with family, including her daughter, Kali, and husband, Tom.



The Tension Headache

WHAT IT IS The most common kind of headache, a tension headache is the dull pressure you might feel after a long day hunched over your computer or if you skip a meal.

“Usually, these aren’t as severe as a migraine,” says Chaouki Khoury, MD, medical director of the Headache

Center at Baylor Dallas. “Typically caused by things like stress, hunger or dehydration, they are easily treated with an over-the-counter medication like ibuprofen.”

WHAT YOU CAN DO

ABOUT IT To avoid this nagging pain, Dr. Khoury recommends adopting techniques to deal with stress, such as yoga and deep breathing; eating regular meals; and staying hydrated. “Don’t let yourself get starving or thirsty,” he says.

Watch Vicki’s Story

Hear more from Vicki about her experience. Visit BaylorHealth.com/Exclusive today.

The Migraine

WHAT IT IS More than 37 million Americans suffer from migraine headaches, which can be severe and debilitating. Besides the moderate to severe throbbing or pulsing in your head, other symptoms can include sensitivity to light, noise, smell, movement and temperature, as well as gastrointestinal issues, such as vomiting, diarrhea and constipation.

“Typically, when someone is having a migraine attack, the first response is to want to lie down in a cool, dark room, away from all stimulus,” Dr. Khoury says.

The exact cause of migraines is unknown, although genetics do play a role. “If your parents suffered from migraines, you have a significantly higher likelihood of developing migraines as compared to someone whose parents do not have migraines. The exact genetics of migraines are just now being elucidated, and there is still a whole lot we do not know about migraine genetics,” Dr. Khoury says.

WHAT YOU CAN DO ABOUT IT

A variety of medications are aimed at stopping headaches before they even start. “Preventive medications are not a pain pill. They won’t treat an attack that has already started, but when taken correctly, they can help ward one off.”

But for most people, medication alone isn’t enough. “Prevention is a twofold combination of lifestyle and medication,” Dr. Khoury says. “It is important for patients to be able to identify their triggers and avoid them, if possible.”

Common triggers include stress, dehydration, caffeine, hunger, lack of sleep and weather changes.



The Cluster Headache

WHAT IT IS This form of headache gets its name from the way it appears: in clusters. “These headaches won’t happen for months, but when they do come on, they come in bunches,” Dr. Khoury says.

While the cluster is a rare form of headache, it is one of the most severe. “It involves unilateral pain around one eye, often described as a stabbing pain,” Dr. Khoury explains. “Your eye may tear up, and you may have swelling of your face on the same side as the headache.”

WHAT YOU CAN DO ABOUT IT

These are typically a seasonal headache, so it’s important to be on regular medication to prevent them. Alcohol is also a major trigger, so be careful with your consumption, Dr. Khoury advises.

Get Headache Help

To find a neurologist on the medical staff at Baylor Waxahachie, visit BaylorHealth.com/Waxahachie or call **1.800.4BAYLOR**.

When to Seek Help

How do you know when a headache is something more serious? Nicole Simpkins, MD, a neurologist on the medical staff at Baylor Medical Center at Waxahachie, suggests heading to the emergency room if your headache comes on suddenly and severely, is the worst headache of your life, or is accompanied by:

- Slurred speech
- Weakness or numbness on one side
- Changes in vision
- Unsteadiness

A lot of other headaches, while not emergencies, are treatable. If your headaches are constant or are getting worse and not responding to over-the-counter medications, a specialist may be able to help.

“If you don’t treat or control migraines they can start cycling and become chronic and difficult to treat,” Dr. Simpkins says.





For a life-threatening emergency, always call **911**.

What to Expect in an Emergency

BE PREPARED WITH OUR STEP-BY-STEP GUIDE

When an emergency strikes, every minute—and action—matters. But the stress of the situation can send even the most calm and collected among us into a panic that can cause missteps and delays in receiving potentially lifesaving medical care. But knowing what to expect can help.

Here, Todd Aspegren, MD, medical director of the emergency department (ED) at Baylor Medical Center at Waxahachie, walks you through a typical ED experience.



1. By Car or by Ambulance?

How you arrive at the ED is largely determined by the severity of your condition or injuries. If you called 911, it's a good bet you'll arrive by ambulance, which guarantees that you'll get urgent medical care sooner.

"EMTs can provide lifesaving treatments en route and call the hospital to make sure medications are ready for you so they can be administered more quickly," Dr. Aspegren says.

Taking an ambulance also prevents accidents. "People experiencing life-threatening situations like stroke or heart attack aren't in any condition to drive, and neither is the person caring for them," Dr. Aspegren says.

ER TIP "Be smart and call 911," Dr. Aspegren says.

2. Checking In



If you arrived on your own, the first thing you'll do is check in at the front desk and tell the nurse what's going on—and don't mince words.

“Particularly in cases where you think you may be experiencing a stroke, heart attack or other life-threatening situation, it's important that we know that right away,” Dr. Aspegren says.

In cases like these, or if you arrived by ambulance, you can expect to go straight to the exam room.

➔ **ER TIP** If your condition worsens as you're waiting, don't be afraid to speak up. Let the nurse know what's happening immediately.

3. Assessing the Situation



Within 15 minutes of check-in, you'll be taken into a private room to meet with a triage nurse, who will ask you questions about your symptoms and evaluate your vital signs like blood pressure and heart rate. “It's kind of the fork in the road where we decide who needs to be treated immediately and who can wait a bit longer while we treat more urgent needs first,” Dr. Aspegren says.

Though the goal is to get you into the exam room as soon as possible, patients with less urgent needs like minor cuts or illnesses should expect a longer wait than someone who has experienced serious trauma or who might be having a stroke.

“We take care of everyone, but the ED is designed for people who require truly emergent care that can't wait, and we always serve those patients first,” Dr. Aspegren says.

➔ **ER TIP** Keep a list of the medications you're taking handy at all times. This ensures you can give care providers the right information in an emergency.

4. The Exam Room



Here, a nurse and a physician will complete a full evaluation. This involves taking your medical history, performing a physical exam and ordering imaging and blood tests if necessary.

If you're experiencing a possible stroke or heart attack or other life-threatening situation, the whole process takes a fast track. “For those patients, we're in the room instantaneously and do a rapid physical exam,” Dr. Aspegren says. “Our goal is to get stroke patients a CT scan

➔ **ER TIP** Give a full account of your symptoms and any other information that might be helpful. For example, maybe you have a history of ovarian cysts or you've been out of the country recently. Every detail can help with diagnosis and treatment.



within 45 minutes and heart attack patients an EKG and clot-busting medication within 30 minutes of arrival.”

5. Where to Next?

If your situation was a minor one, you'll be heading home. But if you require further care, expect to be admitted to the hospital. Either way, your team will give you advice on how to stay healthy moving forward.

➔ **ER TIP** Don't leave the hospital if any aspect of the recommended treatment plan is unclear to you. Now's your chance to get your questions answered.

IS IT AN EMERGENCY?

Symptoms of heart attack or stroke warrant a call to 911 and emergency care. Signs to watch for include:

- Chest pain
- Shortness of breath
- Pain radiating to the arm or jaw
- Nausea
- Abdominal pain
- One-sided weakness
- Difficulty speaking

- Loss of coordination

“Get in as quickly as possible. We have options for treating heart attack and stroke if we catch them in time,” says Todd Aspegren, MD, an emergency department physician on the medical staff at Baylor Medical Center at Waxahachie.

Other emergencies that warrant immediate ED attention include:

- Accidents that involve neck pain, weakness or head injury
- Abdominal pain

- Lacerations
- Severe, sudden-onset headaches

For less serious health concerns, you can visit a minor care or fast-track care center.

Be Prepared

For tips on how to set up your at-home first-aid kit, visit [BaylorHealth.com/WaxahachieEmergency](https://www.baylorhealth.com/WaxahachieEmergency) today.

The Flu Shot of the Future

Improved flu vaccines could be on the horizon thanks to new Baylor research

GETTING AN ANNUAL FLU VACCINE is an important step to staying healthy. That's because it can protect 60 to 90 percent of healthy adults from getting the illness.

The vaccine does, however, have its drawbacks, such as being defenseless against different strains of flu. Plus, the very young and the elderly don't seem to get the full vaccination benefit.

Though the flu vaccine has existed since the 1940s, scientists still don't fully understand how it works to create an effective immune response—and that information could go a long way toward improving the vaccine in the most vulnerable people.

DISCOVERING HOW FLU VACCINES WORK

Hideki Ueno, MD, PhD, investigator at Baylor Research Institute, and Octavio Ramilo, MD, principal investigator and chief of infectious diseases at the Nationwide Children's Hospital in Columbus, Ohio, have been working toward this end. In their research, they gave healthy children and adults the flu vaccine, and then tracked cell types over time.

This research is part of a multiproject grant from the National Institute of Allergy and Infectious Diseases (one of the National Institutes of Health)

that was awarded to Karolina Palucka, MD, PhD, an investigator at Baylor Research Institute and the director of the Ralph M. Steinman Center for Cancer Vaccines.

"We discovered a particular type of immune cells within those patients, called CD4 T cells, that are activated upon vaccination," Dr. Ueno says. "These cells boost production of existing antibodies that fight flu, but don't promote production of new antibodies."

In other words, the flu vaccine helps people with some immunity fight flu more effectively, but for those without that base immune response—like infants who have not yet been exposed to flu—it's much less effective.

For some reason, the elderly also don't experience a protective antibody response from flu vaccination and scientists aren't entirely sure why.

"It might be associated with an inability to generate this special type

of CD4 T cells that help with production of antibodies," Dr. Ueno says.

A FUTURE WITHOUT THE FLU?

Understanding the importance of

these cells for effective flu vaccination means that Baylor researchers now have another piece of the puzzle for the development of a more effective vaccine for new strains of flu and for people who have compromised immune systems.

"Future studies will help us understand the mechanisms by which this particular type of CD4 T cell develops," Dr. Ueno says. "And that information could lead to the development of more effective vaccines in the future."

Get Involved

Visit BaylorHealth.com/AdvancingMedicine to learn about research trials at Baylor seeking participants.



Get the Exclusive

Visit BaylorHealth.com/Exclusive for more health and wellness content!

CONNECT

CHAT US UP!

Are you looking for a physician or a support group? Would you like to register for a class or an event? Our online advisers can help. Chat with one today by visiting BaylorHealth.com and clicking "Let's Chat" at the bottom.



TIPSHEET

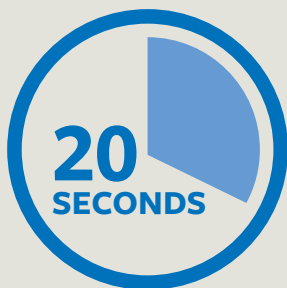
Stay on the Active Roster

Weekend warriors needn't be afraid of getting sidelined by injuries. Download our tipsheet at BaylorHealth.com/Tipsheet for advice on how to stay in the game.

PODCAST

FIGHTING OFF THE FLU

Want to increase your chances of staying flu-free this season? Wash your hands frequently and for 20 seconds each time. For more surefire strategies, listen to our podcast at BaylorHealth.com/Podcast today.



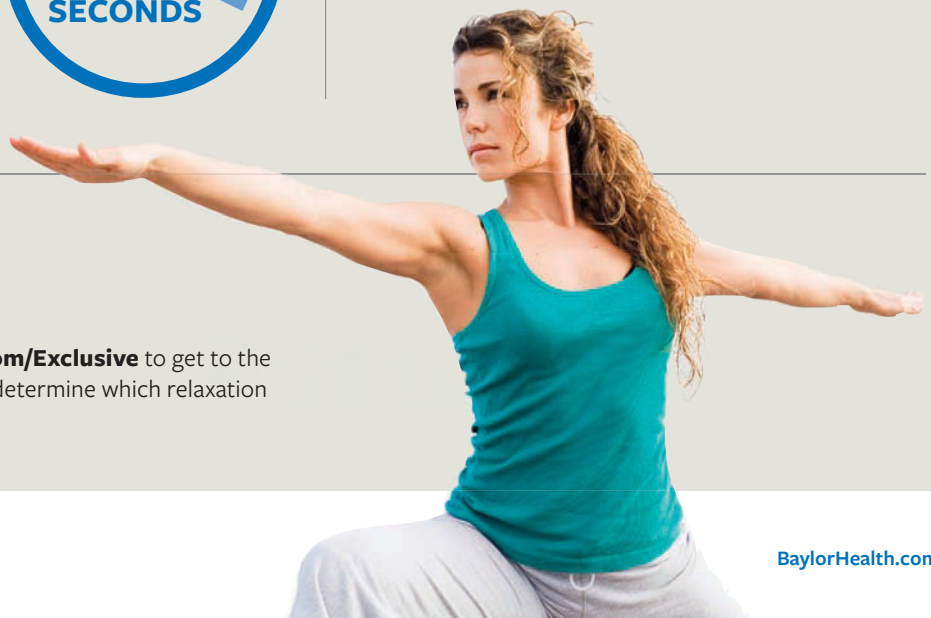
Check Out Our New Digs

NEWS For an update on Baylor Waxahachie's new hospital campus, visit BaylorHealth.com/Waxahachie today.

QUIZ

Stress Less

Take our quiz at BaylorHealth.com/Exclusive to get to the source of your stress, so you can determine which relaxation techniques work best for you.





Rooted in excellence, branching out to Waxahachie. Baylor Charles A. Sammons Cancer Center at Waxahachie.

Baylor Medical Center at Waxahachie proudly anticipates welcoming the Baylor Charles A. Sammons Cancer Center to our new \$175.5 million hospital in the fall of 2014. For more than 35 years, Baylor Charles A. Sammons Cancer Center has been providing quality cancer care to patients at Baylor University Medical Center. Recognizing the importance of having excellent oncology services close to home, Baylor Health Care System is extending the Baylor Charles A. Sammons Cancer Center standards of care to Baylor Waxahachie. Being a part of the Baylor Charles A. Sammons Cancer Center network means that Baylor Waxahachie oncology programs and services meet or exceed the stringent criteria established by Baylor Health Care System.

YOUR NEW HOSPITAL OPENS IN THE FALL OF 2014.
New location at I-35 East and US Highway 287

Along with the addition of the Baylor Sammons Cancer Center, plans include hospital expansion of Women's Services (including Labor & Delivery), General Surgery, Imaging, Neurosciences, Orthopedics, Digestive, Cardiovascular and Emergency Services department.

For more information about our services,
go to BaylorHealth.com/Waxahachie
or call **1.800.4BAYLOR**.

1405 West Jefferson Street, Waxahachie, TX 75165



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