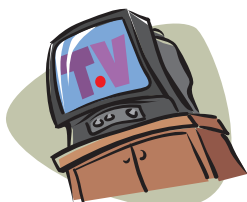




# HEALTH SCENE®

PCMH: PEOPLE CARE MORE HERE ● FALL 2009

## Health Link



### LIMIT VIEWING TIMES

Kids may be tempted to spend their free time in front of their favorite electronic screen. But don't let them fill those extra hours with TV, movies or video games. Limit kids' screen time, of all kinds, to no more than two hours per day.

American Academy of Pediatrics



### HAVE A NICE YARD, AND WORK OUT

Weight-bearing, repetitive motions—such as digging, mowing and pulling weeds—make working in the yard an ideal moderate-intensity exercise for older adults.

American Society for Horticultural Science

### SAVE ON DRUGS

There are more than 180 prescription-assistance programs offered by drug companies. Find out if you qualify for financial help by visiting the Partnership for Prescription Assistance at [www.pparx.org](http://www.pparx.org), or call 888-4PPA-NOW (888-477-2669).



## WORTH A SHOT: FLU VACCINE

Your best shot at avoiding the flu? A flu vaccine, of course. ♦ According to the Centers for Disease Control and Prevention, an annual vaccination is the single most effective way

to prevent influenza, a serious respiratory illness that can have life-threatening complications. In fact, flu causes about 36,000 deaths and more than 200,000 hospitalizations in the U.S. each year. Flu can lead to pneumonia, ear and sinus infections, and dehydration.

**WHO SHOULD GET VACCINATED?** Anyone who wants to steer clear of the fever, cough, sore throat, headache, muscle aches, runny or stuffy nose, and exhaustion that typically come with the flu usually can get vaccinated.

However, certain groups who are more vulnerable to the flu and its complications are strongly urged to do so, including:

- Children 6 months to 18 years old.
- Pregnant women.
- Adults 50 or older.

**An annual vaccination is the single most effective way to prevent the flu.**

- People with certain chronic medical conditions, such as asthma, diabetes or heart disease.
- Those who live in nursing homes or other long-term care facilities.
- People who live with or care for those at high risk of getting the flu.

The flu vaccine comes in two forms: a shot and a nasal spray. But the nasal spray is available only to healthy people between the ages of 2 and 49, including women who aren't pregnant.

There are also some people who should not get the flu vaccine: ● Anyone who has had a severe allergic reaction to chicken eggs or a previous flu shot. ● Anyone who has had Guillain-Barré syndrome. ● Children less than 6 months old.

It's best to get the flu vaccine as soon as it becomes available each fall. You develop immunity about two weeks after you're vaccinated. The flu season generally runs from November to April.

Although fall is the best time to get vaccinated, it's still worthwhile to get vaccinated later in the season.

### What to do if you get the flu

Fever, head and body aches, sore throat, exhaustion. Yes, that's likely the flu.

It may be mild or severe, but the flu is never fun. The flu can lead to ear and sinus infections, pneumonia, or even death.

So, if you do get the flu:

- Stay home.
- Get plenty of rest.
- Drink lots of water or other liquids, such as juice or soup.
- Don't smoke or drink alcohol.
- Consult your doctor.

Over-the-counter medicines may relieve symptoms, such as fever.

Antiviral medicines that may lessen the severity and length of the flu are available by prescription. But you should begin taking them within 48 hours of getting sick.

Source: Centers for Disease Control and Prevention

FEEL BETTER

**Joseph Byrne, MD, orthopedic surgeon** and former assistant NFL team doctor is now part of your team at Perry County Memorial Hospital. See page 2 for more information.

**Stroke Symptoms?**  
Put time on your side!  
See page 4 for more details.

# LIFE SAVER

Joint replacement surgery can help restore quality of life

## Orthopedics expert joins PCMH team

Perry County Memorial Hospital (PCMH) has welcomed the arrival of full-time orthopedic surgeon Joseph Byrne, MD, who started work Sept. 1 exclusively at PCMH. Dr. Byrne will provide full-time, local orthopedic care to patients with both emergent and nonemergent orthopedic conditions. He will also provide his expertise for treating sprains and fractures; total knee, hip and joint replacements; arthroscopic procedures; and carpal tunnel surgery, to name a few.

“The investment of time and resources has been substantial,” says Barbara Ernst, Vice President of Patient Care. “We have recently placed an order for more than \$750,000 worth of orthopedic equipment needed for Dr. Byrne to perform procedures in the operating room.”

Significant staff training has also taken place, including a trip to the Ochsner Clinic in New Orleans. During this trip, members of the PCMH operating room team observed Dr. Byrne during several surgical cases, becoming better oriented to his preferences and his style of care in an effort to provide an easy transition when he arrived in Perryville.

Byrne received his medical degree from Tulane University in New Orleans, then completed a one-year internship and a four-year residency at Harbor-UCLA Medical Center in Torrance, Calif. He just completed a sports medicine fellowship at the well-known Ochsner Clinic. He is currently board-eligible for the American Board of Orthopaedic Surgeons.

Dr. Byrne’s clinic, Perry County Orthopedics & Sports Medicine, is located on the upper floor of the new medical office building “C” on the PCMH campus. For more information regarding orthopedics, call 768-3396.



**Y**ou could say joint replacement surgery has made Mick Holien a new man. ♦ Over the past two decades, Holien has undergone surgery to replace both hips and his left knee. ♦ “It’s remarkable, life-changing surgery,” says Holien, a 60-something journalist. “It has dramatically improved my quality of life. The surgeries enabled me to do

things I couldn’t do before, like walk to events I wanted to attend or do my job as a reporter and get to breaking news scenes.”

Holien had his right hip replaced in the late ’80s. Four years later, he underwent surgery to replace his left hip. In 2001, Holien completed his joint replacement triple play by having a new left knee installed.

“In each case, the pain got to the point where I couldn’t do the things I wanted to do, and I could not deal with that any longer,” Holien says. “And I had tried every other means of treatment without success.”

**LOOKING FOR RELIEF** Joint replacement surgery involves removing all or part of a damaged joint and replacing it with an artificial one. Hips and knees are by far the most common joints to be replaced. But other

joints that can be replaced include shoulders, fingers, ankles, wrists and elbows.

While replacing a joint has become common in recent years, it should still be considered only if all other treatment options—such as exercise and drug therapy—are unsuccessful and the pain is preventing you from leading a normal life.

“Once the discomfort and limitations reach the point where you have lost interest in social activities and other things you enjoy—and nothing else seems to help—total joint replacement can greatly improve your quality of life,” says John Mayer, MD, a spokesman for the American Academy of Orthopaedic Surgeons (AAOS).

Joints can be damaged by a variety of things, including injuries and diseases such as arthritis.

For example, Holien attributes his need for joint replacement surgery to old football injuries that, over time, lead to the development of arthritis in his hips and knee.

But simple wear and tear as you age can also harm your joints.

Over the past 30 years, improved surgical techniques and new implant materials have made joint replacement surgery one of the most reliable and durable procedures in any area of medicine, according to the American College of Rheumatology (ACR).

However, that doesn't mean joint replacement surgery is for everyone.

“There's no real upper age limit for joint replacement surgery,” Dr. Mayer says. “But you need to be in reasonably good health to undergo surgery.”

**SURGERY 101** A joint is formed at the point where two or more bones come together.

For example, the knee joint is formed by the knee cap, lower leg bones and the thighbone. The hip is a ball-and-socket joint, formed by the upper end of the thighbone (the ball) and a part of the pelvis called the acetabulum (the socket).

The surfaces where these bones touch are covered with a smooth layer called cartilage. Normal cartilage allows nearly frictionless and pain-free movement. When cartilage is damaged, however, joints become stiff and painful.

During surgery, an orthopedic surgeon will remove the worn cartilage from both sides of the joint. The surgeon will then replace the joint with an implant, usually made of metal, plastic or both.

In the case of a knee replacement, for instance, the damaged ends of the bones and cartilage are replaced with metal and plastic surfaces that are shaped to restore knee movement and function.

During hip surgery, the damaged ball—at the upper end of the thighbone—is replaced with a metal ball. The ball is attached to a metal stem that is fitted into the thighbone. A plastic socket is implanted into the pelvis to replace the damaged socket.

**RECOVERY** You can usually return to a high level of activity after joint replacement surgery, reports the ACR. But it takes some time to recover, and you have to do your part to aid the healing process.

The typical hospital stay after surgery is two to four days. For hip or knee replacements, you usually need to use crutches for up to two weeks and a cane after that until you build up strength in your new joint. Physical therapy can also help you regain strength.

Most patients have some temporary pain in the re-

placed joint because the surrounding muscles are weak from inactivity and the tissues are healing. How much pain you experience and how long it lasts depends on the type of surgery and how well you follow the rehabilitation program recommended by your doctor.

Also, “The older you are, the longer it may take you to recover,” Dr. Mayer says.

Exercise is an important part of the recovery process. Your surgeon can recommend an exercise program that best fits your needs. You may be permitted to take part in light activities, such as playing golf or walking. High-impact and joint-overloading activities—such as running, heavy lifting or jumping—are generally discouraged once you have a joint replaced.

**POSSIBLE RISKS** For most people, joint replacement surgery is successful and it improves quality of life.

“About 95 percent of joint replacement patients have complete pain relief and restoration of a normal lifestyle,” Dr. Mayer says.

But as with any type of surgery, there are some risks. If you have additional health concerns, such as heart disease or lung problems, you might not be a good candidate for joint replacement surgery.

According to the AAOS, other possible risks include:

- Infection. This may occur in the surgical wound or deep around the replaced joint.
- Blood clots. These can result from decreased mobility.
- Loosening of the new joint within the bone. If this happens, you may have to undergo more surgery to correct it.
- Dislocation after hip surgery. Occasionally, the ball can be dislodged from the socket. In most cases the hip can be put back in place without additional surgery.

**IN THE FUTURE** Before undergoing joint replacement surgery, you need to understand that your new joint may not last for the rest of your life. Depending on your age, you may need to have a second total joint replacement procedure performed.

**When knee, hip or other joint problems keep you from enjoying life to the fullest, call 768-3396.**

Artificial joints typically last anywhere from 10 to 25 years. But with advances in orthopedic surgery and technology, replacement joints may now last even longer, says Dr. Mayer.

Holien, who had his first hip replacement more than 22 years ago, has no regrets about having three joints replaced.

“Since I was only 42 when I had my right hip replaced, my doctor told me I probably would have to do it again,” Holien says. “But I haven't had any problems. It's amazing how long it's lasted.”

But he cautions others considering replacement surgery to do their homework.

“You need to do the research and know full well what you are getting into,” he says. “You need to know you may have to do it again. But after all these years, I have no regrets about having my joints replaced.”

## Surgery questions to consider

How do you make important decisions in your life? You probably gather information, ask questions and weigh your choices carefully.

One important decision that you may face someday is whether to have surgery. Most surgeries are elective (nonemergency) operations.

If you're facing the possibility of elective surgery, you'll want to use your best decision-making skills, because the more informed you are, the more likely you are to be satisfied with the results of your treatment, according to the Agency for Healthcare Research and Quality (AHRQ).

### What you need to know

Your doctor should welcome your questions. Talk with him or her about the recommended surgery, advises the AHRQ. Be sure you understand:

- Why you need the operation.
- How the operation is done.
- If there is more than one way to do the operation.
- How the surgery will fix your medical problem.
- Alternatives, if any, to the surgery.
- How much the operation will cost.
- The benefits and risks of having or not having the surgery.
- What kind of anesthesia will be used, and the possible side effects and risks of anesthesia.
- Where the procedure will be done.
- How long you will be in the hospital, if relevant.
- How long the recovery period may be.
- How the surgery will affect your health and lifestyle.
- If there are any activities you will not be able to do after the surgery.

It can also be helpful to know your surgeon's qualifications. You may want to ask how much experience he or she has had with this kind of surgery.

And if you're having elective surgery, you have time to get a second opinion if you want one, suggests the National Institute on Aging. Your doctor can give you the name of another surgeon who can review your file.

# STROKE: CAN YOU GIVE ME 5?

*Here's an easy way to remember the warning signs of stroke*

**IF YOU THINK** you know the warning signs of a stroke, raise your hand—and give me five. The five warning signs, that is.

Give Me 5 for Stroke is an educational campaign to help people recognize the symptoms of stroke—in themselves or others—and get help fast.

**WHAT IS STROKE?** A stroke is like a heart attack to the brain. When a blood vessel to the brain bursts or is blocked by a clot, the blood and oxygen feeding that part of the brain are shut off. Starved for nutrients, the affected brain cells begin dying.

Most strokes are due to clots. A medication called tissue plasminogen activator, or TPA, can destroy the clot and restore blood flow. But it must be given within three hours of the stroke's start.

**SLU neurologists review images taken at the PCMH emergency room to help guide stroke care.**

"The time symptoms start is critical information for the medical professionals to assess for treatment eligibility," says Melissa Hayden, Emergency Department nurse manager at Perry County Memorial Hospital.

Three hours might seem like a long time. In those three hours, however, you must: ● Notice something is wrong. ● Recognize the symptoms as a possible stroke. ● Call for emergency help. ● Get to the hospital. ● Have stroke diagnosed. ● Receive TPA.

If you think someone is having a stroke, ask the person to give you five, which means testing the following five body functions:

- 1 **Walk.** Can the person stand straight? Is his or her balance off? Is one foot dragging?
- 2 **Talk.** Is his or her face droopy or speech slurred? Can the person speak clearly and make sense?

3 **Reach.** Is one side weak or numb? Can he or she raise both arms together, or does one arm fall? Test each hand's grasp by asking the person to squeeze your fingers.

4 **See.** Is the person's vision all or partially lost? Can he or she see clearly? Is any part of the visual field blocked or blurred?

5 **Feel.** Does the person have a severe headache? Is that usual, or is this headache different from normal?

Any symptom—even one, and even if it goes away—may signal a stroke, so get immediate medical help.

"It is very important to access medical help immediately by calling 911," Hayden says. "Patients frequently wait to see if the symptoms go away, but that is usually not the case. This wait increases the chances of long-term physical effects from a stroke that could be minimal or debilitating."

## Are you susceptible to stroke?

One way to prevent death or disability from stroke is to be familiar with its warning signs so that you can get medical help fast.

But it's even better to prevent stroke from occurring in the first place.

You can do that by finding out how many risk factors for stroke you have and then working with your doctor to lessen them.

Some of the most critical risk factors include: ■ High blood pressure. ■ Smoking. ■ Diabetes. ■ Artery disease. ■ Heart disease. ■ Blood disorders, such as sickle cell anemia. ■ A history of transient ischemic attacks, or mini-strokes.

High cholesterol, obesity, and drug or alcohol abuse also add to your risk.

Not everything that raises a person's vulnerability to stroke can be altered, of course. Some factors are fixed, such as age, family medical history and ethnicity.

Still, knowing all your risk factors can help you and your doctor develop a plan to lower the likelihood that you'll have a stroke.

Source: National Institute of Neurological Disorders and Stroke



## HEALTH CLASSES

### CHAIRSIDE AEROBICS

■ Tuesdays and Thursdays, 10 a.m.  
Perryville Community Center

■ Mondays and Fridays 9 a.m., Frohna  
■ Mondays, Wednesdays and Fridays, 8 a.m. Altenburg

### CHILDBIRTH CLASSES

■ Tuesdays, Jan. 5 through 26

■ Tuesdays, April 6 through 27 7 to 9 p.m.  
PCMH Ed Center Room A. \$20 fee. Call the OB Department at 768-3274.

### CPR

Upon request; call Terrie at 768-3271.

### INFANT CPR

Upon request; call the OB Department at 768-3274.

### INFANT MASSAGE

Upon request; call Physical Therapy at 768-3349.

### SIBLING CLASSES

Call the OB Department at 768-3274.

### SUPPORT GROUPS

#### BETTER BREATHERS

Date to be announced 10 a.m. to noon  
RSVP to Respiratory Care at 768-3352.

### UPCOMING EVENTS

#### BLOOD DRIVES

Mondays, Sept. 28 and Nov. 23, 10 a.m. to 2 p.m.  
PCMH Ed Center Room A. Call Jessica at 768-3205 for an appointment.

### CHOLESTEROL AND BLOOD PRESSURE SCREENING

First Friday of each month, 8 to 10 a.m.  
PCMH Medical Library. \$20 for cholesterol screening; for more information, call 768-3239.

### "BOOKS ARE FUN" SALE

■ Thursday, Oct. 15 7 a.m. to 5 p.m.  
■ Friday, Oct. 16 7 a.m. to 5 p.m.  
PCMH Ed Center Room A.

### "MASQUERADE" JEWELRY SALE

Friday, Nov. 13 7 a.m. to 5 p.m.

\$5 jewelry  
PCMH Ed Center Room A.

### CHRISTMAS BAKE SALE

Friday, Dec. 18 7 a.m.

Location TBA

### SAFE SITTER CLASS

■ Wednesday, Dec. 23  
■ Tuesday, Dec. 29 8 a.m. to 3:30 p.m.  
\$25 fee. Call Kathy at 768-3272 to register.

HEALTH SCENE is published as a community service for the friends and patrons of PERRY COUNTY MEMORIAL HOSPITAL, 434 N. West St., Perryville, MO 63775 547-2536, [www.pchmo.org](http://www.pchmo.org).

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This issue of Health Scene was printed on 100 percent recycled paper.

FALL 2009

Information in HEALTH SCENE comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider.

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