

HEALTH SCENE[®]

THE MISSION OF CHRISTUS HEALTH IS TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST

SUMMER 2009

Health Link

USE IT, THEN REMOVE IT

Wearing a bike helmet is a good thing—when riding a bike. Helmets can be dangerous, however, if worn on playground equipment—they can get caught on the play equipment. So make sure your child removes his or her helmet while playing.

U.S. Consumer Product Safety Commission



NO SPEED EATING Taking your time at the table is a good way to control calories and curb overeating. Research shows that eating quickly has been linked to being overweight.

The British Medical Journal



SELECTIVE SURFING

When seeking information on the Internet about surgery, be specific and be selective. Professional medical and surgical societies' websites generally provide the most accurate information. And entering the precise term of the procedure will narrow your results.

American College of Surgeons



Be wary of online cancer cures

The lure of so-called cancer cures—frequently hawked on the Internet—can seem tempting, but don't fall for them.

Fraudulent cancer products may delay or interfere with proven, beneficial treatments, according to the U.S. Food and Drug Administration.

For a list of more than 100 unproven cancer remedies, click on www.fda.gov/bbs/topics/factsheets/fakecancer.cures.html.



FIND RELIABLE HEALTH INFO ONLINE

Does the information sound too good to be true? If so, it probably is.

It's one thing to shop for a shirt online. If it doesn't fit, no big deal—you can send it back.

◆ But it's another thing to look for health information online. If the information you get is from unreliable sources, your health could be at stake. And that, of course, is a big deal.

So the next time you go online for health information, put websites to the test with these questions from the National Cancer Institute and the U.S. Food and Drug Administration.

- Who runs the site? You should be able to easily find out who is responsible for the site and its information. Often you'll find a link on the site's home page to an "About Us" section.

- What is the purpose of the site? Is it to inform? To sell something? To raise money? Be cautious about sites trying to sell a product or service.

- Where does the information come from? If it wasn't written by the person or organization in charge of the

site, it should be attributed to the original source.

Medical facts and figures should have references (to articles in medical journals, for instance). And opinions or advice should be clearly set apart from information that is based on research.

- Does the information sound too good to be true? If so, it probably is. Beware of sites that promise quick, dramatic or miraculous results.

- Who reviews the material, and how current is it? Health-related websites should list the medical credentials of the people who prepare or review the information. It's especially important that health information be current. The most recent update or review date should be clearly posted. You'll often find this date at the end of the document.

DIGGING DEEPER When you hunt for health information online, check around. Click on more than one website and compare notes.

Then discuss what you learn with your doctor. He or she can help you make informed decisions.

OnLine

Visit us on the web at
www.christusstcatherine.org



All about mammograms

What you need to know about these important tests

Every year millions of women in the U.S. willingly bare their breasts to a stranger in the hope of learning they don't have cancer.

◆ These women undergo a mammogram, a test that can detect a breast tumor even before it can be felt. ◆ Mammograms are a crucial tool in the fight against breast cancer. That's why it's so important that all women—including those who get mammograms on a regular basis and those who don't but should—understand how and why these tests work.

What follows are some basic questions about mammograms with answers from national authorities.

Q What is a mammogram, and what is it used for?

A A mammogram is an x-ray of your breast. And it is the best screening tool for finding breast cancer, reports the National Women's Health Information Center (NWHIC).

The test is done with a low-dose x-ray machine.

You stand in front of the machine, and a technician places your breast—first one, then the other—between two plates that press the breast and flatten it. The compression may be uncomfortable, but it lasts only a few seconds.

The technician takes x-rays of each breast. A radiologist interprets the x-rays, looking for small lumps or growths that you may not be able to feel or that may

not be causing symptoms.

If something suspicious appears on your mammogram, your doctor may order follow-up tests.

Q Why is it necessary to compress the breast during a mammogram?

A Flattening your breast helps the technician produce a better picture, explains the Radiological Society of North America (RSNA).

Specifically, compression:

- Evens out breast thickness for a better view of all the tissue.
- Spreads out tissue to make spotting small abnormalities easier.
- Allows for the use of low-dose radiation.
- Holds the breast in place to eliminate blurring of the image.

Q What is the difference between screening and diagnostic mammograms?

A A screening mammogram is a routine test for women who don't have symptoms of breast cancer. The disease can take many years to develop and may cause no symptoms early on. A mammogram can help find cancer at its earliest stages, which can improve the chances of successful treatment.

A diagnostic mammogram is a follow-up exam. It's used to evaluate any area of concern in the breast, such as a lump. A diagnostic mammogram may be ordered after a woman or her doctor finds something that warrants further testing, or it may be done if a screening mammogram shows an abnormality.

More images of the breast are taken during a diagnostic mammogram than a screening one.



Q What is the doctor looking for when he or she reads the mammogram?

There are a couple of important breast changes that the doctor will look for: calcifications and masses (lumps).

Calcifications look like small white spots on the x-ray. They are mineral deposits that may or may not be caused by cancer.

Large calcifications—known as macrocalcifications—are often related to aging, injury or inflammation. They typically don't require a biopsy (removal of a small amount of tissue) because they are usually not cancerous. About half of all women over age 50 have macrocalcifications, reports the American Cancer Society (ACS).

Tiny specks of calcium—called microcalcifications—can sometimes be a cause for concern, however, because they may signal cancer if they are grouped together in a certain way. If a mammogram reveals microcalcifications, a radiologist will carefully evaluate the shape and layout of the calcifications and may recommend a biopsy.

Masses, or lumps, in the breast can be caused by many things. For example, a mass may be a cyst (a noncancerous, fluid-filled sac), which is diagnosed with either an ultrasound or aspiration (fluid removal with a needle).

If a mass is partly solid, however, it is more than a simple cyst—it may be a tumor. The radiologist will study how the mass looks—the size and shape of it—on the mammogram. He or she will also check to see if the mass was present on past mammograms and will compare how the mass looked on those tests versus the current one.

Depending on the radiologist's findings, a doctor may take a wait-and-see approach to the mass—using periodic

mammograms to monitor it—or he or she may recommend a biopsy.

About 10 percent of women who undergo screening mammograms need more testing, such as an additional mammogram, an ultrasound or a biopsy. The good news: Most will learn that they don't have cancer, reports the ACS.

Q When should I begin undergoing mammograms, and how often should I have them?

“CHRISTUS St. Catherine Hospital is on the forefront of mammography by using the most updated digital and stereotactic equipment available,” says Alexander Sardina, MD, radiologist on staff at CHRISTUS St. Catherine Hospital. “The No. 1 way to screen for breast cancer is with mammography. All women over the age of 40 should be getting annual screening mammograms in addition to an annual exam by their physician.

“If you have a first-degree relative [parent, sibling or grandparent] who has had breast cancer, you should begin getting annual mammograms 10 years prior to the year that person was diagnosed,” Dr. Sardina says. “For example, if your mother was diagnosed with breast cancer at age 40, you should begin getting screened at age 30.”

Q What are the benefits and risks of mammography?

As good as mammograms are at detecting breast cancer, they aren't perfect, say experts. There are risks of both false-negative and false-positive results.



Alexander Sardina, MD, radiologist



A false-negative result means that a breast looks normal on a mammogram but cancer is actually present. False-negatives are rare, according to the NWHIC. They are more common in younger women because their breast tissue tends to be denser than the tissue in older women.

False-positive results, on the other hand, happen when it looks like cancer is present when it's not. Women between the ages of 40 and 49 have the highest incidence of false-positive mammograms (about 30 percent), reports the RSNA.

Q Where can I learn more about mammograms and breast cancer?

Talk to your doctor, of course. But you can also go to these websites:

American Cancer Society, www.cancer.org.

National Cancer Institute, www.cancer.gov.

CHRISTUS St. Catherine Hospital's cancer program has earned accreditation from the Commission on Cancer.

Preparing for a mammogram

If you're having a mammogram, you know that it will take doctors, technicians and hospital staff to perform and interpret the test. But you also play a crucial role.

Just like each of those professionals, you have a job to do. If you take your job seriously, you can help your appointment go more smoothly. You can help yourself be more comfortable during the mammogram. And you can help the test be more accurate and useful.

Before scheduling your mammogram, be sure to talk to your doctor about any changes you've noticed in your breasts. Also, make sure he or she knows about any surgeries, hormone use or family history of breast cancer.

Also, call the facility where your mammogram is scheduled, recommends the National Women's Health Information Center. Check to see if there are any special instructions you should follow.

Here are some general guidelines for getting ready for your mammogram:

Timing is everything. If you're still menstruating, try to make your appointment for the week after your period. This is usually the time in a woman's menstrual cycle when breasts are the least tender.

Share what you know. It's important for you to tell the technician about any symptoms you're having. And tell the technician if you have breast implants or if you're pregnant or breastfeeding. Also, if you had any mammograms done at another facility, try to bring copies of those x-rays with you.

Dress for comfort. You'll need to undress from the waist up, so wear a blouse or top you can easily remove.

Know what to avoid. Deodorant, talcum powder, perfumes and lotions can show up as shadows on your mammogram. Avoid using these under your arms or on your breasts the day of your appointment.

After your appointment, ask when to expect your results. Don't assume that everything is normal just because you don't hear anything, advises the Radiological Society of North America.

Breast cancer: Know the facts

Myths and misinformation about breast cancer can cause confusion and unnecessary fear. So it's important that you know the facts.

What follows is some accurate information about breast cancer from the National Cancer Institute and the U.S. Centers for Disease Control and Prevention.

National numbers

Based on current rates, about one of every eight women born today will get breast cancer during her lifetime.

About 210,000 women per year are diagnosed with breast cancer.

The median age at breast cancer diagnosis in this country is 61.

Breast cancer is the fifth leading cause of death for American women, after heart disease, stroke, lung cancer and lung diseases.

Approximately 40,500 women in the U.S. died of breast cancer in 2008.

The risk

Race affects breast cancer risk. White and black women have a higher risk of the disease than Asian, American Indian and Hispanic women.

Breast cancer risk increases with age.

Women who don't have children or who have their first child later in life (after age 30) are at increased risk of breast cancer.

Bumping, bruising or pinching the breast cannot cause breast cancer.

Breast cancer is not contagious.

Taking hormone therapy drugs after menopause may increase the risk of breast cancer.

Having cancer in one breast increases the risk of developing cancer in the other one.

What you can do

Talk to your doctor if you're concerned about your risk of breast cancer. Regular mammograms are your best screening tool for finding cancer early.

You may be able to reduce your risk of developing the disease if you eat a healthy diet, maintain a healthy weight, get regular exercise, and avoid alcohol and tobacco.

WOMEN

YOUR HEART UNDER ATTACK

WHAT IS THE most important hour of your life? Maybe it's the hour you gave birth. Or the hour you met the love of your life.

Or it could be the first hour after you have a heart attack.

Women are more likely than men to delay seeking medical care for a heart attack. In fact, women are more likely to die of a heart attack than men—in part because they often wait longer to call for help.



Asif Akhtar, MD,
cardiologist

“A heart attack happens when the arteries leading to the heart are blocked, depriving the heart of oxygen,” says Asif Akhtar, MD, cardiologist on staff at CHRISTUS St. Catherine Hospital. “Prompt medical treatment is of utmost importance. By seeking medical

treatment early, the heart muscle can be preserved by quickly opening blocked arteries, preventing permanent heart damage.”

CHRISTUS St. Catherine Hospital is an accredited Chest Pain Center and has the only full-service heart program in Katy.

WHAT IT FEELS LIKE Women may hesitate to call 911 because they don't think they're having a heart attack. So it's important to recognize heart attack warning signs.

Signs of a heart attack aren't the same for everyone. However, chest pain or discomfort that lasts more than a few minutes or that goes away and comes back is the most common symptom for both men and women.



Women are slightly more likely than men to have other symptoms of a heart attack, such as shortness of breath, nausea, vomiting, and back or jaw pain.

Keep in mind that symptoms can be mild or come on slowly. And if you've had a heart attack before, your symptoms may not be the same as the last time you had an attack.

Embarrassment prevents some women from seeking emergency care for a heart attack, reports the National Institutes of Health (NIH).

You might not want to admit that your symptoms may be serious. Or you may not want to bother or worry others or act like it's an emergency if it turns out to be a false alarm.

However, you should always immediately call for help, whether you're sure you're having a heart attack or not. The longer you wait to seek care, the more likely it is that

you will have permanent or even fatal heart damage.

The best way to get emergency care is to call 911. Calling 911 brings emergency medicine to your door, so you receive treatment even before you get to the hospital.

Don't wait longer than five minutes after the onset of symptoms to call 911, advises the NIH. And even if your symptoms stop completely in less than five minutes, you should call your doctor.

CHRISTUS St. Catherine Hospital is the only hospital in Katy to be designated as a Chest Pain Center with PCI (percutaneous coronary intervention, such as angioplasty) by the Accreditation Review Committee of the Society of Chest Pain Centers.

This additional designation shows the hospital's commitment to providing efficient lifesaving interventional treatment, such as balloon angioplasty or stent placement, within 90 minutes of arriving at the emergency department.

WELCOME TO OUR NEWEST PHYSICIANS

Cardiology
Hinh Nguyen, MD

Cardiovascular surgery
Robert Baldwin, MD

Family practice
Prakash Giddaluri, MD

Gastroenterology
Kevin Marks, MD

General surgery
Zhen Fan, MD
Delma Jara, MD
Stephen Lin, MD
Amer Sabbagh, MD

Infectious disease
Maurizio Maccato, MD
Phillip Pinell, MD

Internal medicine
Balakrishna Prabhakar, MD
Karen Thampoe, MD

Maternal-fetal medicine (high-risk OB/GYN)
Karolina Adam, MD
Joanie Hare, MD
Brian Kirshon, MD
Alexander Reiter, MD

Neurology
Nicolas Nammour, MD

Obstetrics/gynecology
Robert Friedman, MD
Bethany Peterson, MD
Christiaan Webb, MD

Ortho-spine surgery
Navin Subramanian, MD

Pediatric infectious disease
Rene Amaya, MD
Takehisa Ikeda, MD

Plastic surgery
James Boynton, MD

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HOW TO FIND US



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Health Scene is published as a community service for friends and patrons of CHRISTUS ST. CATHERINE HOSPITAL, 701 S. Fry Road, Katy, TX 77450, telephone 281-599-5700, website www.christusstcatherine.org.

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SUMMER 2009

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