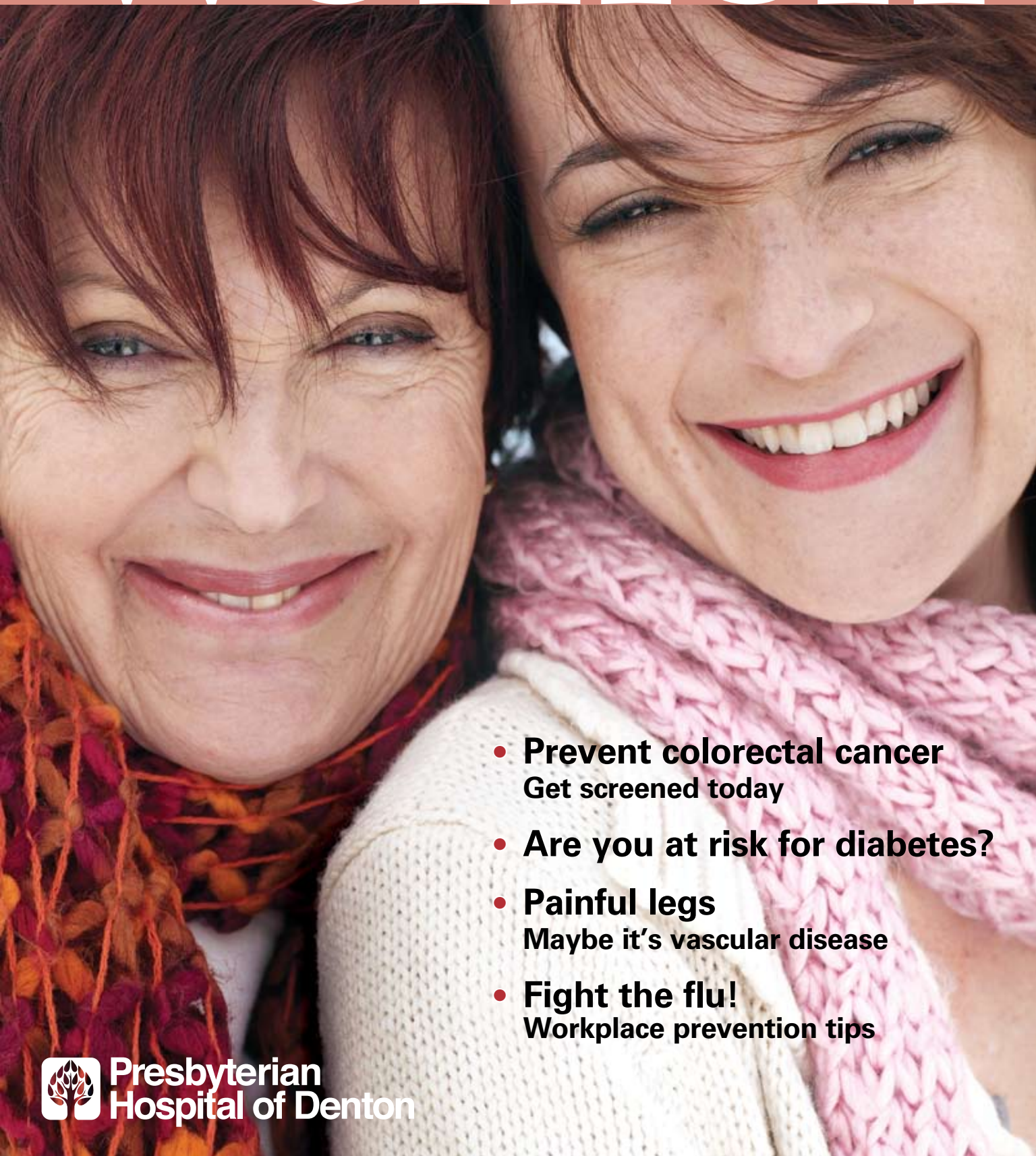


Denton

WINTER 2009

# women



- **Prevent colorectal cancer**  
Get screened today
- **Are you at risk for diabetes?**
- **Painful legs**  
Maybe it's vascular disease
- **Fight the flu!**  
Workplace prevention tips



Presbyterian  
Hospital of Denton

# Have a happy, healthy New Year!



Stan Morton

Resolutions are a time-honored tradition for the beginning of a new year, and improving and maintaining your health often tops the list. Presbyterian Hospital of Denton remains committed to providing quality healthcare to you, your family and the North Texas community this year.

## Health and education

Regardless of the economic situation, people will always place an emphasis on their physical health and emotional well-being. Presbyterian Hospital of Denton's longtime staff of highly qualified and experienced physicians, along with our newly recruited and equally talented medical staff members, provides you and your family with the quality care and services you need.

Educating our growing population has always been an important focus for our hospital. In 2009, we'll continue to offer screenings and community education programs, led by Presbyterian Hospital of Denton physicians, to area residents.

## Get answers

This issue of *Denton Women* provides information about colorectal cancer, risks for diabetes, recognizing vascular disease and other health concerns of interest to many in our community. If you have any questions about these or any other topics, you can find answers at Presbyterian Hospital of Denton's Physician Referral and Health Line at **1-888-80-HEALTH**.

As you strive to maintain your health this year, rest assured that Presbyterian Hospital of Denton is here for you and your family. Our hospital family wishes you a healthy and happy 2009.

Regards,

Stan Morton  
Chief Executive Officer  
Presbyterian Hospital of Denton

## Presbyterian Hospital of Denton physicians contributing to this issue include:

Seema Haq, M.D., endocrinologist;  
Maria A. Provost, M.D., colon and  
rectal surgeon; and Yasir Suliman, M.D.,  
vascular surgeon.

## We want to hear from you!

*Denton Women* is your magazine. If there's a subject you'd like to know more about or if you have questions or comments, please write to:

*Denton Women* c/o David Layton  
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# Diabetes: Are you at risk?

**M**ore than 23 million Americans have diabetes, yet almost 6 million don't even realize they have the disease. That's because some of the symptoms may not seem threatening: excessive thirst, extreme hunger, increased fatigue, even irritability. "Left untreated, diabetes can cause heart disease, stroke, blindness, kidney failure, circulatory problems that can lead to leg and foot amputations, complications during pregnancy and even deaths related to flu and pneumonia," says Presbyterian Hospital of Denton endocrinologist Seema Haq, M.D.

Are you at risk for diabetes? Ask yourself these questions:

- [1] Do you get little or no physical activity?
- [2] Are you overweight?
- [3] Have you ever had gestational diabetes or had a baby weighing more than 9 pounds at birth?
- [4] Do you have a close family member (parent or sibling) with diabetes?
- [5] Are you 45 years old or older?
- [6] Are you African American, Hispanic American, Native American, Asian American or Pacific Islander?

If you answered yes to two or more questions, you may be at risk. Here's why:

- [1] **Inactivity is the most important risk factor for type 2, or adult-onset, diabetes.** "A sedentary lifestyle may be to blame in most cases of diabetes," says Dr. Haq.
- [2] **Some studies have shown that excess weight may increase your risk of developing diabetes by more than 10 times.** Since obesity may contribute to insulin resistance, it's important to eat healthy and follow a low-fat, low-sugar, high-fiber diet.
- [3] **A woman who has had gestational diabetes, a usually temporary form of insulin intolerance in pregnant women, has a higher risk of developing type 2 diabetes later in life.** "If you were never screened for gestational diabetes but gave birth to a large baby, you may have had gestational diabetes without knowing it," says Dr. Haq.
- [4] **A family history of diabetes increases your chances of developing the condition.** Lower your odds by taking charge of other risk factors you can control and getting regular screenings.
- [5] **Everyone age 45 or older is at risk for type 2 diabetes.** Diabetes affects 20 percent of Americans ages 65 or older. Following a healthy lifestyle *can* help lower your risk.
- [6] **Persons of these ethnicities tend to have a higher risk of diabetes.** If you're at risk because of your race, take special precautions with the risk factors you can control, such as being overweight and inactive.

## Get screened for diabetes!

Call Presbyterian Hospital of Denton's Physician Referral and Health Line at **1-888-80-HEALTH** to find a physician to speak with about diabetes screening.



STOP

# COLORECTAL CANCER

## Know the symptoms and risks

### ! Warning signs

If you have blood in your stool that's either bright red or very dark in color—one of the hallmarks of colorectal cancer—see your physician immediately. Also see your physician if any of the following symptoms last for two weeks or more:

- a change in bowel habits, such as diarrhea or constipation
- stools that are narrower than usual
- an urgent, painful need to defecate
- general stomach discomfort, such as bloating, cramps or gas pains
- a feeling that the bowel has not been emptied completely
- unexplained weight loss
- constant tiredness

Many of these symptoms also can be caused by less serious conditions, and eating something red also can add a tinge of color to the stool. Don't automatically assume the worst, but do see a physician.

### ! Colorectal cancer risk factors

You may have an increased chance of developing colorectal cancer if you:

- are age 50 or older
- have had certain types of polyps
- have a first- or second-degree relative who was diagnosed with colon cancer before age 60
- have family members with hereditary cancer syndromes
- have family members with adenomatous polyps
- have a personal history of ovarian, endometrial or breast cancers
- have had colorectal cancer that was completely removed
- have longstanding chronic ulcerative colitis or Crohn's disease

Colorectal cancer (cancers of the colon and rectum combined) is the second leading cause of cancer death in the United States, according to the American Cancer Society (ACS). But researchers suggest that 90 percent of all colorectal cancer cases and deaths can be avoided, because “with regular screening, most cases can be treated before they become cancerous,” says Presbyterian Hospital of Denton colon and rectal surgeon Maria A. Provost, M.D.

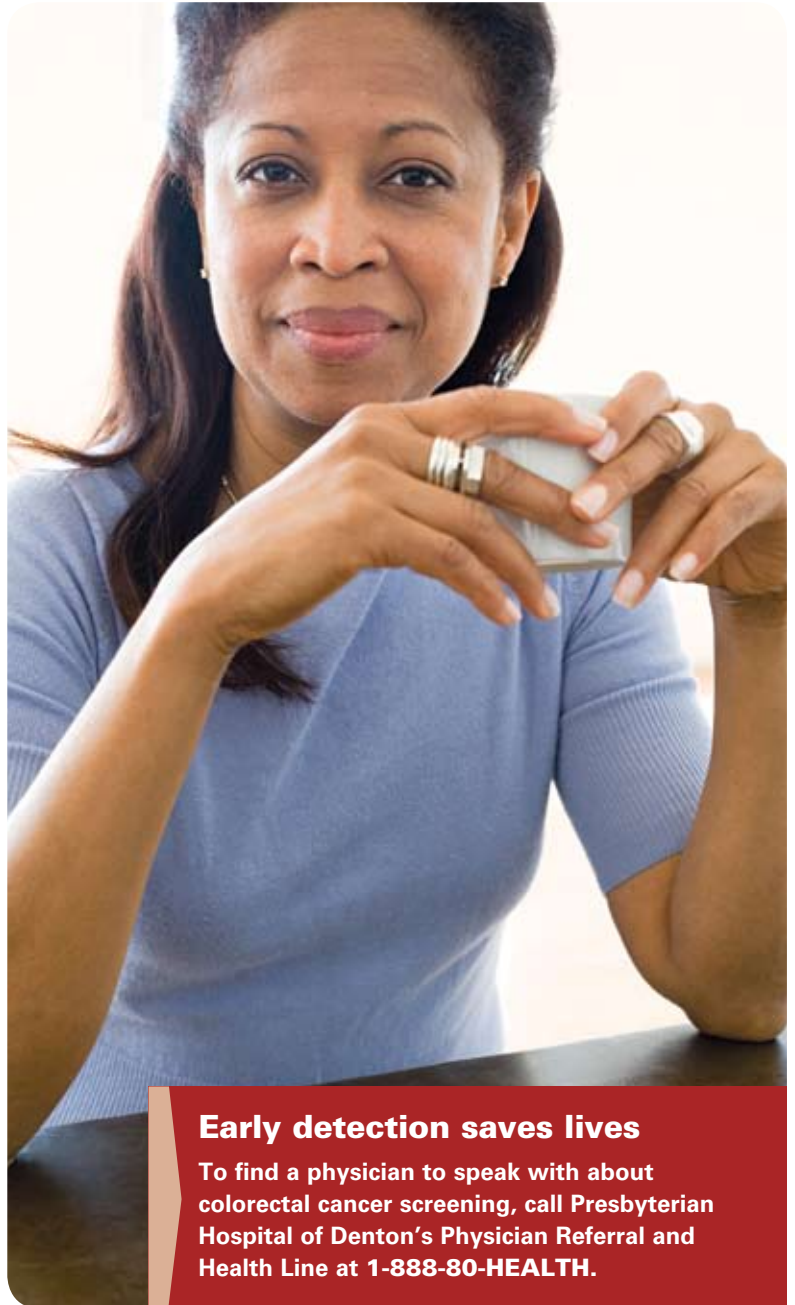
Colorectal cancer usually begins as polyps, or tissue growths, in the colon or rectum. If your physician finds polyps during a screening colonoscopy, he or she will likely remove them immediately. If the polyp is large, your physician may perform a biopsy.

### Exam time

Getting regular checkups may be the best way to prevent colorectal cancer. “Early detection of abnormal cells allows for a prompt treatment and even cure,” says Dr. Provost.

If you're in good health and have no known risk factors, the ACS recommends you get screened for colorectal cancer starting at age 50. (Those with risk factors for developing colorectal cancer should be screened earlier and more often.) Your physician will help you decide which of the following screening guidelines is best for you:

- **A colonoscopy performed at age 50 and, if normal, repeated every 10 years.** This gold-standard screening tool involves viewing the inside of the colon and rectum using a thin, lighted tube. If your physician sees polyps or other abnormal tissue during the procedure, he or she can remove it for microscopic examination.



### Early detection saves lives

To find a physician to speak with about colorectal cancer screening, call Presbyterian Hospital of Denton's Physician Referral and Health Line at 1-888-80-HEALTH.

- **A fecal occult blood test conducted once a year.** This simple at-home test checks for blood in the stool. Special cards are coated with a sample and returned to the physician or lab.

- **A flexible sigmoidoscopy performed every five years.** This is an outpatient procedure for examining the lower part of the large intestine. Your physician uses a thin, flexible tube with a light and a tiny camera to look for polyps, tumors or abnormalities.

- **A stool DNA test as recommended by your physician.** This test looks for cancer cells shed from the colon into the stool.

- **A double contrast barium enema once every five years.** During this procedure, a liquid containing barium is inserted into the rectum and colon. Barium, a metallic compound, helps to show the image of the lower gastrointestinal tract on an X-ray.

- **A CT colonography once every five years.** Advanced imaging creates a three-dimensional view of the colon and rectum.

If any abnormalities are found during these tests, a follow-up colonoscopy should be performed.

### Treatment choices

“If you’re diagnosed with colorectal cancer, your treatment will depend mainly on the size, location and extent of the tumor and your general health,” says Dr. Provost. Several treatments are used and sometimes combined:

- **Surgery** to remove the tumor is the most common

treatment. Generally, the surgeon removes the tumor along with part of the healthy colon or rectum and nearby lymph nodes.

- **Chemotherapy** may be given to destroy any cancerous cells that remain in the body after surgery, to control tumor growth or to relieve disease symptoms.

- **Radiation therapy**, also called radiotherapy, uses X-rays to kill cancer cells. Radiation therapy is most often used for patients whose cancer is in the rectum.

- **Biological therapies**, also called immunotherapies, are used to repair, stimulate or enhance the immune system’s natural cancer-fighting abilities.

# When aching legs are a warning

## Could it be vascular disease?

**A**re you suffering from chronic pain, aches and fatigue in your legs? This may be a sign that your vascular system—the network of veins and arteries that carries blood to and from your organs—isn't working well. Peripheral arterial disease (PAD)—clogged arteries in the farther reaches of your body such as your arms or legs—often is the cause of leg pain.

Before you can be diagnosed with PAD, your physician will take a medical history and run some tests, such as a non-invasive arterial test (including ultrasound and blood pressure measurements of the leg), a CT scan or an angiogram. “Your physician also will rule out other nonvascular conditions like arthritis, which can lead to leg pain,” says Presbyterian Hospital of Denton vascular surgeon Yasir Suliman, M.D.

### Unclogging your arteries

If your physician determines that your leg pain is a result of artery narrowing in your legs, treatment may include one or more of the following:

- **Self-help steps.** If your pain isn't severe, your physician may recommend taking a wait-and-see approach. “You may be advised to take steps to improve the underlying condition, such as quitting smoking; reaching and maintaining a healthy weight; exercising; and controlling high blood pressure, high cholesterol levels and diabetes,” says Dr. Suliman.
- **Angioplasty.** A tiny balloon is threaded into the artery until the point of blockage and then inflated to clear it out.
- **Stents.** Small devices are placed in the artery to keep them from closing again.
- **Endarterectomy.** This technique involves removing the blockage.



- **Bypass.** Surgeons use some of your own veins along with artificial materials to create a detour around the blocked area.

### When veins are to blame

Sometimes it's not the arteries but varicose veins, which can show under the skin as gnarled clusters, that cause leg pain.

Your physician may recommend that you wear tight surgical stockings whenever you're standing to encourage proper circulation. Elevating your legs when you rest helps, too. Large clusters of varicose veins may need to be surgically removed or treated with a laser.

Whatever the cause of your leg pain, see a physician. “With today's medical advances in vascular disease, you should be able to stop the ache,” says Dr. Suliman.

### Don't stand for leg pain!

Find out if your leg aches can be resolved. Call Presbyterian Hospital of Denton's Physician Referral and Health Line at 1-888-80-HEALTH.

# Fight the flu!

## Don't let your workplace get you down

**T**he tight quarters and poor ventilation of many work environments can make you susceptible to colds and flu. Follow these 10 tips to stay well this year:

- 1 Wash your hands frequently. Hot water and soap are best, but if you don't have easy access to a sink, keep alcohol-based disposable wipes or gel sanitizers handy.
- 2 Keep keyboards, telephones, doorknobs and other frequently touched surfaces clean with a disinfectant and paper towels.
- 3 If you can, crack open a window to air out your space.
- 4 Stock your workplace with plenty of tissues.
- 5 Avoid touching your eyes, nose or mouth, where germs can enter your system.
- 6 Avoid close contact with sick co-workers.
- 7 Don't smoke or allow smoking. If your office isn't smoke-free, ask that it become so.
- 8 Consider getting the flu vaccine.
- 9 Eat well, exercise and get enough sleep. A healthy body is more likely to ward off germs than one that's run-down.
- 10 If you're sick, stay home to recover and protect your co-workers.

### Who needs the flu vaccine?

Each year, influenza leads to 70 million lost workdays, 200,000 hospitalizations and 36,000 deaths in the United States. Because viruses are constantly changing, you need to receive a new shot or nasal-spray vaccine every year.

You should be vaccinated if you're age 50 or older, have a chronic medical condition, are pregnant or live or work in close quarters with those at high risk for flu. Almost all adults can safely get the vaccine (check with your doctor first to see whether you're an exception).



### When to call in sick



#### Call work and then call your physician if:

- you have a fever or feel achy
- your cough is deep and brings up green mucus
- your eyes are bright red with discharge
- you can't hold down food

#### If you're feeling up to it, you can go to work without worrying about infecting your co-workers if:

- you're sniffing, but don't have a fever
- your throat tickles or you have postnasal drip
- your ear aches
- you have a sinus infection

# Mmm, mmm, great!

## Heartwarming soup for cold days

Nothing says comfort food like a steaming crock of savory, homemade soup. A terrific and easy way to improve your family's diet, soup can provide a filling, yet low-calorie meal that packs a lot of nutrients, protein, vitamins and more into one pot. Simmering your own soup requires little or no cooking oil, and you can control the fat and sodium content. Add plenty of antioxidant-rich vegetables and fiber-rich beans and season with herbs and spices. If you prefer heartier versions, use lean meats, poultry or seafood, rich in heart-healthy omega-3 fatty acids. For a *souper* supper, try this recipe and round out the meal with whole-grain bread.

### Something for everyone!

Presbyterian Hospital of Denton is pleased to offer a variety of health education classes. Call our Physician Referral and Health Line at **1-888-80-HEALTH** for more information about our Community Education Classes.



### Healthy minestrone soup

Makes 10 servings

- Canola cooking spray
- 1 cup diced white onions
- 4 minced garlic cloves
- 1½ cups water
- 5 cups low-sodium vegetable broth
- (1) 28 oz. can crushed, peeled Italian plum tomatoes
- ½ cup green beans
- ½ cup diced zucchini
- 2 tsp. tomato paste
- ½ cup garbanzo beans, drained and rinsed
- ½ cup red kidney beans, drained and rinsed
- Salt and pepper to taste
- 1 cup uncooked whole-wheat ziti pasta
- 4 tsp. chopped basil

Spray cooking oil in nonstick skillet. Add onion and garlic and sauté for 5 minutes. Add water and vegetable broth. Bring to a boil and add tomatoes, green beans, zucchini, tomato paste, garbanzo and kidney beans and salt and pepper to taste. Simmer for 8 minutes. Add pasta and cook for 8 minutes. Adjust seasonings and add chopped basil. Mix well and serve.

*By Presbyterian Hospital of Denton Chef Flor Alba Aponte*



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