Cardiac Issues
a Threat to Cancer Patients

Fighting cancer is a difficult, and often, life-threatening process. But some cancer patients have to contend with another, equally frightening condition while undergoing cancer treatment: heart issues.

“There are two distinct types of chemotherapy treatments that can impact the heart," says cardiologist Anita Arnold, D.O. “Type 1 is represented by anthracyclines (doxorubicin), meaning the more drug is given, the greater the chances of cardiac damage. Type 2 toxicity is represented by trastuzumab. Type 1 damage is irreversible. Type 2 damage is felt to be reversible if treatment is initiated early.”

Cardiac damage can include:

• Heart failure
• Myocardial infarction
• Pericardial disease
• Valvular malfunctions
• Angina
• Conduction disease or arrhythmia
• Sudden cardiac death
• Restrictive cardiomyopathy

“Patients with childhood cancers, 80 percent of whom are disease free five years after initial diagnosis, are known to have a significantly elevated risk of cardiac disease when compared to their siblings who do not have cancer, and seven times more likely to have cardiac disease than other children in their age group,” Dr. Arnold says. “That means that more of these young adults die of cancer-related treatment toxicity than from recurrence of their cancer. This represents an ever-increasing number of patients for which surveillance is critical.”

Dr. Arnold and other cardiologists focus on three groups of individuals, and within those groups, follow the highest risk individuals:

• Those with existing heart disease who develop cancer to ensure their heart can withstand the stress of treatment. All these patients need to see their cardiologist or be referred.

• Those who are considered cancer survivors and have either undergone radiation therapy with portals that have included the heart, or received cardio toxic regimens, need to be followed by cardiology periodically, as part of their disease surveillance program.

• Those currently undergoing chemotherapy with cardio toxic agents, to monitor for subtle changes in cardiac function that may signal an early decrease in cardiac function. This is important, as there are evolving data to suggest that early treatment may reduce damage or prevent further damage.

“There is a very significant difference in that the treatment for one disease (cancer) needs to be aggressive and thorough to optimize survival, but that treatment can create another disease (heart and vascular) that can be just as devastating,” Dr. Arnold says. “That being said, no one would want to limit the treatment for cancer on the ‘possibility’ that the treatment could cause heart disease in the future.”

‘The strategy is to identify high-risk individuals and start to treat them earlier, as soon as a suggestion of cardiac involvement occurs. ‘This could be hypertension, elevated heart rate, arrhythmia or EKG abnormality, an elevated biomarker (troponin or BMP), or a drop in ejection fraction measured via echocardiography or MUGA scanning (traditional methods to monitor for heart failure),’ Dr. Arnold says. ‘It can also be by a more sensitive marker of cardiac dysfunction derived from echo data, called global longitudinal strain.’

‘Treatment options include medication or withholding chemotherapy treatments for 1-2 cycles, in order to allow the heart to heal. ‘Clearly, this is a decision that requires input from everyone on the treatment team, and that is why these complex patients need to be managed in a fundamentally different manner than they were in the past,’ Dr. Arnold says.

When a patient is given a diagnosis of cancer, the initial shock can be overwhelming, and the number of physicians involved in their care crosses many specialties. “Patients do not want to have additional burdens on them with respect to treatment options and side effects,” Dr. Arnold says. “With cardiac disease being the No. 1 killer of Americans and cancer the No. 2 killer, it seems appropriate that there be a team dedicated to making sure we do not substitute heart disease while trying to cure the patient of cancer. This is an emerging field across the United States and will bring great value to our patients. The cardio-oncology team hopes to assist in the care of our community with these devastating diseases.”

Anita Arnold, D.O.
Cardiology
Lee Physician Group
9800 S. HealthPark Drive
Suite 320
Fort Myers, FL 33908
239-343-6350
www.tinyurl.com/DrArnold

To view a video on Cardio-oncology Sign of Progress, go to www.tinyurl.com/CardioOncology
Hollywood Nights
Set for Nov. 8

The stars will be out in full force on Sunday evening, Nov. 8 as The Landings Yacht, Golf & Tennis Club in Fort Myers is transformed into the movie capital of the world through the “Hollywood Nights” themed Betty & Frank Bireley Ribbons & Blues event. Proceeds help cancer patients at the Regional Cancer Center.

Come dressed as your favorite movie star and enjoy a delicious seated dinner, dancing to the sounds of Ernie Cantu’s LiveWire Blues Band and the soulful singing of Mark Sanders. It will be lights, camera and a great deal of action, indeed, as you also bid on fantastic auction prizes.

Tickets are just $125 per person and can be purchased online by visiting www.LeeMemorial.org/go/RibbonsandBlues. Reservations also can be made over the phone by calling Lee Memorial Health System Foundation at 239-343-6950. Hooray for Hollywood!

20 Years of Caring

Spend just a few minutes with Frank Haskell and his passion for helping children quickly bubbles to the surface, like a volcano spewing forth, not harmful smoke and lava, but rather compassion, concern and great love for others in less fortunate situations.

“God had a way of closing one door in the loss of our daughter, but opened another for us in helping us found Barbara’s Friends – Golisano Children’s Hospital Cancer Fund and had our gifts generously matched by SWFL Children’s Charities; sponsors of the highly-successful Southwest Florida Wine & Food Fest.

SWFL Children’s Charities has now donated more than $11 million to support construction of the new Golisano Children’s Hospital of Southwest Florida, set to open in early 2017. To learn more about efforts to provide children with the finest possible hospital care, visit www.ChildrensHospitalGoal.org or call Lee Memorial Health System Foundation at 239-343-6950.

Proceeds support Barbara’s Friends—Golisano Children’s Hospital Cancer Fund and guiding us to save the lives of many other children stricken with cancer and blood disorders,” Mr. Haskell says, speaking for himself and his wife of 62 years, Betty.

When the Haskells lost their beautiful daughter, Barbara, to breast cancer at the young age of 36, they made a decision to celebrate her life by founding and leading a cause that would give children from across Southwest Florida a fighting shot at beating cancer. The result was Barbara’s Friends.

Dollars raised under the Barbara’s Friends banner help provide the equipment, facilities, medical staff and special touches needed to help kids beat cancer at Golisano Children’s Hospital of Southwest Florida.

Thanks to the Haskells’ leadership, Barbara’s Friends has found itself at the center of a myriad of charitable activities. Golf tournaments, marathons, car shows, galas, radiothon, penny drives, auctions and more have all contributed to the success of fundraising efforts.

“Betty and I are truly blessed to have had so many people open their hearts to support Barbara’s Friends,” Frank says. “While we’ve certainly experienced a great loss in our lives, we have always held fast to our belief that there is a greater purpose for us—to do as much good as we possibly can.”

For more information about Barbara’s Friends, email Foundation@LeeMemorial.org or call Sally Wilson from Lee Memorial Health System Foundation at 239-343-6057.

Lee Memorial Health System
Foundation News & Events

A Perfect Match

With the new Golisano Children’s Hospital of Southwest Florida taking shape in the background, officers from SWFL Children’s Charities joined hospital representatives to celebrate attainment of the $1.2 million matching challenge issued by the organization in May.

More than 860 individuals, organizations and businesses donated more than $1.3 million as a result of the challenge and had their gifts generously matched by SWFL Children’s Charities, sponsors of the highly-successful Southwest Florida Wine & Food Fest.

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Taking part in the presentation ceremony are, from left: Jim Nathan, president, Lee Memorial Health System; Elaine Hawkins, president, SWFL Children’s Charities; Dorothy Fitzgerald, vice-president, SWFL Children’s Charities and Sharon MacDonald, chief foundation officer, Lee Memorial Health System Foundation. SWFL Children’s Charities matched all donations, up to $1.2 million, made to the hospital’s capital campaign from May 1 to July 31.

Club Managers Support Barbara’s Friends on Oct. 18 & 19

Make a difference in the lives of young cancer patients by taking part in the 18th Annual Charity Classic & Gala sponsored by The Everglades Region of The Florida Chapter of the Club Managers Association of America on Oct. 18 and 19. Once again, D. Garrett Construction, Inc. is the event’s major sponsor.

Proceeds support Barbara’s Friends—Golisano Children’s Hospital Cancer Fund—as part of the Club Managers Association commitment to raise $500,000 to support pediatric cancer care in Southwest Florida.

The evening gala is set for Sunday, Oct. 18 at Pelican’s Nest Golf Club in Bonita Springs followed by the golf event the next day—Monday, Oct. 19—at Kensington Golf & Country Club in Naples.

For more information, please visit www.cmachaarityclassic.com or contact Lori Cook North at lori@eventfulinc.com or 239-287-0780.
Tennis elbow (lateral epicondylitis) is a common condition in people ages 30-50, but rarely do any of those affected actually play tennis. When it does occur with tennis, there is often an identifiable reason, such as poor technique, change in racket or grip, or an increased frequency or intensity.

For tennis players and nonplayers, the cause is tendinitis of one of the muscles responsible for extending the wrist. “Wrist extension is more obvious at certain times but also occurs in a trend in treatment among upper extremity surgeons months and can sometimes last a year or more,” Dr. Richards says. “The bad news is that it usually takes always eventually gets better on its own,” Dr. Richards says. “The good news is that lateral epicondylitis almost definitely help, as can proper warm up and cool down.” Lateral epicondylitis is not an inflammatory disease, but anti-inflammatory medications can help with the pain. Medications can include over-the-counter products (ibuprofen or Aleve®); prescription strength medications or topical medications. Steroid injections are another treatment but one that Dr. Richards uses sparingly. “Steroid injections are a very strong anti-inflammatory and can bring significant pain relief,” he says. “I’m not a big proponent of them, however, because they don’t seem to alter the natural history and can cause other problems with too many injections.” There was some initial enthusiasm for platelet rich plasma (PRP) injections, although further follow-up studies have shown mixed results.

“The good news is that lateral epicondylitis almost always eventually gets better on its own,” Dr. Richards says. “The bad news is that it usually takes months and can sometimes last a year or more.” The trend in treatment among upper extremity surgeons is “benign neglect.” That is, give it enough time and don’t do anything to make it worse. Surgery is an option for the rare stubborn case but the recovery still takes time. Arthroscopic and open surgeries have similar results.

Elbow Pain Common as Patients Head into Middle Age

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P. Jeffrey Richards, M.D.  Orthopedic Specialists of SW Florida 2531 Cleveland Ave. Suite 1 Fort Myers, FL 33901 239-334-7000

Audiology services include:
• Comprehensive hearing evaluations (adults and pediatrics)
• Newborn hearing screening and evaluations
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• Assistive listening devices (including devices that amplify telephones and speakers, or shake the pillow if you can’t hear an alarm)
• Personal hearing protection
• Swim molds
• Auditory Brainstem Response (ABR) assessment
• Bone Anchored Hearing Aid (BAHA) assessment and fitting

For more information or to make an appointment, contact Audiology at 239-343-6016.

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The test confirmed that Lois was losing her hearing and needed hearing aids. “Stephanie is the best,” Lois says. “She does a great job maintaining and adjusting my hearing aids every 6 months, which has enabled me to keep them all these years.”

Audiologists Evaluate, Diagnose and Treat Children and Adults

Hearing is an important part of life—it helps infants and children learn speech and language skills, and it helps adults interact, communicate with others and maintain relationships. Hearing loss can be present at birth or we can experience a gradual deterioration of hearing as we age because of medical conditions or noise exposure. To help evaluate, diagnose, treat and manage hearing loss in newborns, children and adults, Lee Memorial Health System employs audiologists.

“We perform comprehensive hearing evaluations for children and adults,” explains audiologist Stephanie O’Neal Thompson, Au.D. “The whole process is modified for the patient depending on his or her age and the reason for the evaluation.”

Lois Haggard started noticing changes in her hearing 13 years ago when she was in her early 50s. She did not want to admit she had issues with her hearing. “My husband had wax problems and was seeing the doctor about it,” Lois says. “I thought maybe that was my problem, too. The doctor told me that wasn’t it and suggested I see an audiologist.”

“They are the best. They are the best. They are the best,” says Lois. “Stephanie is the best,” Lois says. “She does a great job maintaining and adjusting my hearing aids every 6 months, which has enabled me to keep them all these years.”
Parkinson’s Disease Requires Close Neurologic Care

A progressive disorder of the nervous system, Parkinson’s disease affects not only the body’s movement, but also mood, cognition and speech. Most commonly associated with tremors, the signs and symptoms of Parkinson’s disease are diverse and vary from person to person.

“Signs and symptoms develop gradually, and there is not a specific, defining symptom,” explains Amanda Avila, M.D., neurologist. “In addition to tremors, symptoms can include rigid, stiff muscles; impaired balance and posture; speech changes and slowed movements. Parkinson’s disease is often diagnosed years after signs and symptoms start because they are so gradual.”

Just as there is not one specific symptom, there also is not one test that neurologists use to diagnose the condition. “The tests we use—like blood tests, MRI or ultrasound—are used to rule out other conditions that may cause similar symptoms,” Dr. Avila says. “To conclusively diagnose Parkinson’s disease, we perform a physical and neurological exam, and review medical history, as well as signs and symptoms. We also often prescribe a Parkinson’s disease medication, schedule a follow-up appointment and track improvement in symptoms to confirm the diagnosis.”

In addition to medications, another form of treatment is deep brain stimulation (DBS). DBS involves implanting electrodes into specific parts of the brain. The electrodes are connected to a generator implanted in the chest which sends electrical pulses to the brain to help reduce symptoms. “DBS is best suited for patients with moderate Parkinson’s disease who have significant side effects to medication or those with advanced tremors,” Dr. Avila says. “We have had success with DBS reducing involuntary movements, tremors and stiffness. DBS requires regular follow-up to ensure the system is functioning properly and to make any necessary adjustments.”

While there is no cure for Parkinson’s disease, treatment options, exercise and a healthy diet can reduce symptoms. It also is important to maintain appointments with a neurologist to ensure the most appropriate and effective treatment plan.

Blockage, Poor Health Can Result in Congestive Heart Failure

Like a power plant that slows, the heart can lose its ability to work at full capacity. When the heart loses power, blood moves through the body at a slower rate and the kidneys may retain fluid and salt. The result is an accumulation of fluid throughout the body, including the arms, legs, ankles, feet, lungs and other organs. Known as congestive heart failure, the condition can be fatal.

“Congestive heart failure can be caused by a number of conditions, but is most common in the older population,” says cardiologist Michael Bolooki, M.D. "Coronary artery disease (CAD) is a leading cause of congestive heart failure. Patients who present with CAD have decreased blood flow to the heart because of blockage. This causes a lack of oxygen and nutrients to the heart.”

Other causes of CHF include:

- **Heart attack**—happens when the coronary artery becomes blocked in a short period of time, causing the blood flow to the heart to decrease or stop suddenly
- **Cardiomyopathy**—damage to the heart muscle from a variety of causes, including blood-flow problems, alcohol or drug abuse or infections
- **High blood pressure**
- **Valve disease**
- **Thyroid disease**
- **Kidney disease**
- **Diabetes**
- **Heart defects that are present at birth**

Symptoms may be present, but often patients do not know they have a heart condition. “They may experience shortness of breath, edema (swelling) in the ankles, legs or abdomen, weight gain or rapid heartbeat,” Dr. Bolooki says. “They may also experience dizziness, fatigue and weakness but many people attribute these symptoms to a normal part of the aging process. I always tell my patients not to ignore changes, especially if they are uncomfortable or seem out of place. When you do not feel well, your body is communicating with you.”

Dr. Bolooki uses X-rays, electrocardiograms (EKG), ultrasound (echocardiogram) and blood tests to determine if a patient has the condition. If the patient has congestive heart failure, treatment varies, from medication to surgery to clear blocked arteries.

“If you already have coronary issues, keep regular appointments with your physician,” Dr. Bolooki says. “Taking the prescribed medications, monitoring your weight, and maintaining a healthy weight will all help keep symptoms under control. The best thing is to maintain good health—including quitting smoking for people who use cigarettes or other forms of tobacco. Your quality of life and prognosis for the future depends, to a great extent, on how well you take care of yourself.”

Living Strong with a Weak Heart: The Basics of Heart Failure

Join Lee Memorial Health System and the local chapter of Mended Hearts—a national support group for people living with heart disease—for this inspiring, motivating and educational presentation on heart failure. Katherine Lalor, RN, congestive heart failure clinical coordinator at HealthPark Medical Center, and Jennifer Statzer, RN, congestive heart failure clinical coordinator at Gulf Coast Medical Center, will discuss congestive heart failure and provide information about how to manage the condition and maintain your quality of life.

**6:30-8 p.m., Oct. 14**

Zion Lutheran Church, 7401 Winkler Road, Fort Myers

To register or for more information, contact Joe Jansen at 239-461-0980 or fjansen@aol.com, or Jerry Barnette at 239-949-1818 or jerrybarnette@gmail.com
Hip Conditions Common in Childhood and Adolescence

Hip diseases are a common source of problems for children and adolescents. John Churchill, M.D., pediatric orthopedic surgeon, says hip diseases tend to be specific to certain age groups.

“In infancy, for example, hip dysplasia is common,” he explains. An abnormal formation of the hip socket, hip dysplasia—when caught early—can effectively be treated with a Pavlik harness to gently position the baby’s hips to align in the joint.

As children progress toward walking age, hip dysplasia may require nonsurgical reduction under anesthesia. This treatment involves the doctor physically manipulating the hip joint to get the ball back into the socket. Sometimes, a more invasive, open reduction is required, which involves surgery to open the hip joint to remove any tissue that is keeping the ball from going into the socket.

“Treatment depends on the age of the child and the extent of the hip displacement,” Dr. Churchill says. “Routine screening by the primary care physician is effective in decreasing late presentation, which often allows for less invasive treatment options.”

Perthes disease affects school-age children. This condition occurs when there is a disruption in blood supply to the rounded head of the femur (femur) bone, causing the cell to die.

“This process is called avascular necrosis, and the child typically presents with a painless limp and decreased hip range of motion,” Dr. Churchill says. “Children 6 years of age and younger generally develop new, healthy bone and are regularly monitored to ensure regrowth of the femoral head. Children older than 8 years of age, particularly those with more severe femoral head collapse, frequently require surgical treatment to contain the femoral head in the socket.”

Dr. Churchill says slipped capital femoral epiphysis is a concern for pubescent patients. “This condition is frequently seen in athletes and is the result of a weakening of the growth plate, which causes the ball of the femur to gradually slide out of place,” he explains. “Surgical treatment—placing a screw across the growth plate—prevents further slippage and decreases the risk of early onset osteoarthritis.”

Once into adolescence, milder forms of hip dysplasia—such as subluxation or acetabular dysplasia—can become symptomatic, Dr. Churchill says. Subluxation means that the femoral head does not completely connect to the socket and acetabular dysplasia is the abnormal development of the hip socket. “These conditions are more commonly seen in teenage girls, and should be considered when a patient complains of activity-related groin pain or achiness,” he says. “A simple X-ray confirms the diagnosis, and surgical intervention corrects the hip deformity. Early surgical intervention can help prevent adult-onset osteoarthritis.”

Dr. Churchill says these conditions are routinely evaluated and treated at Pediatric Orthopedics of Southwest Florida. “We are developing a new Hip Clinic, which is spearheaded by our newest physician—Dr. Ernesto DelValle—to ensure the latest, leading edge methods to address these conditions,” he adds. “Dr. DelValle has a unique focus on hip problems, which he cultivated during his fellowship at Arnold Palmer Children’s Hospital, where he worked with some of the world’s experts in hip diseases.”

Golisano Children’s Hospital of Southwest Florida Celebrates Topping Off Ceremony

Golisano Children’s Hospital of Southwest Florida celebrated a major milestone toward the completion of the new comprehensive, regional children’s hospital, which is scheduled to open in 2017.

“The topping off ceremony is a symbolic pause in the construction of a major facility, denoting the completion of the structural frame phase of the project,” says Dave Kistel, vice president, Facilities Management, Lee Memorial Health System. “It is a sign that a construction project has reached its highest point!”

Construction workers, administrators, medical providers, volunteers and community leaders took time to share the historic moment with the community and donors. “It is due to the generosity of the citizens of Southwest Florida that this special moment has arrived,” says Jim Nathan, president and CEO, Lee Memorial Health System. “We are honored by the trust of donors and parents in our caring for the tiniest of infants to get a healthy start in life and for children with special health challenges to be cared for close to home. Recently, the Golisano Children’s Hospital was named No. 1 in the nation of 109 specialty children’s hospitals for patient experience. We are so proud of the team effort that is helping make this special dream become a reality.”

Next steps in the project include the exterior building envelope, interior buildout and interior finishes.

Autographs Add Character to Hospital Wall

Some signatures are clear; others slightly illegible. People who autographed the wall at the Golisano Children’s Hospital of Southwest Florida topping off ceremony had the opportunity to leave their mark—and a bit of history—as part of the new children’s hospital that will provide care to our community’s youngest patients for generations to come.

“This is a way for people in the community to be part of something historic and to leave their signature on a building that will touch the lives of so many people,” says Dave Kistel, vice president, Facilities Management, Lee Memorial Health System. “It also gives a human touch. So much of what we do during construction involves hard surfaces—concrete, metal and glass. This helps us keep our focus on what’s really important—the human touch.”

Golisano Children’s Hospital of Southwest Florida is a collaboration of community efforts from small, individual donors to large company donations. In 2012, Naples philanthropist B. Thomas Golisano donated $20 million, which was matched by community donations, ensuring that the hospital would reach completion. “We are so fortunate to have a project in this magnitude in our community” Dave says. “To have so many people add their signature gives it a unique character that is unlike other buildings in our health system.”
When an Orlando armed robbery went awry, Fort Myers resident Edward Fagan, 44, tried to step in and protect his nephew. Instead, he was shot in the back and spinal cord and sustained severe injuries.

After spending several weeks in the hospital, Edward was released, the bullet still in his back. He returned to Fort Myers in a wheelchair. “To tell you the truth, I didn’t know if I would ever walk again,” he says. Almost a year-and-a-half after his injury, Edward has made great strides in his recovery.

“My legs got a lot weaker,” he says. “When I was in the wheelchair, I was hoping I would get out of it. I wanted to walk again.” That’s exactly what he’s doing, with the help of the physical therapy team at the Lee Memorial Health System Outpatient Center at the Sanctuary.

“We didn’t know what to expect when he first arrived; we didn’t know how far he would progress,” says Kristen Moore, physical therapy assistant. “He wasn’t standing and wasn’t walking. We just practiced transferring from the chair to the floor. We did easy exercises on the mat.”

Edward attends therapy twice a week and practices exercises at home, sometimes in bed. Within months of starting therapy he was able to stand for short periods of time. After several months he transitioned to a quad cane, with four contact points to the floor. “I didn’t really do that one very long,” Edward says. Now, he walks with a single cane, with a therapist alongside to help his balance. “I’m trying to get my strength back, especially in my right leg,” he says.

Physical therapist Marissa Cummings has worked with Edward for more than a year. “We have done way more than we thought we would,” she says. “He’s so motivated. His goal is to walk without an assistive device!”

Now, as he moves slowly, deliberately between the parallel bars that help support him, or down a long hallway, he looks as each step in front of him. “I have to keep going,” he says. “I have to keep getting better. I’ve had such great support here. I know I can do it.”

His goals for the future include getting married and walking without fear of falling. “The people here have been great,” he says.

He has also touched the staff. “He’s incredible,” Kristen says. “We have asked him to do so much, to test himself, and we’ve never heard the word ‘no.’”

For more information or to make an appointment, call:
Lee Physician Group Integrative Medicine, Suite 350 — 239-495-4480
Lee Physician Group Family Medicine, Suite 340 — 239-495-4490
Lee Memorial Health System Outpatient Rehabilitation, Suite 330 — 239-495-4495

The medical field is comprised of a variety of specialties and professions, and each member of the care team has different roles and responsibilities. As patients, we may not know the difference between the caregivers. Anna Marie McCarthy, nursing director, member of the care team has different roles and responsibilities. As patients, we may not know the difference between the caregivers.

Certified nursing assistant (CNA) – CNAs assist the nurse by taking and monitoring patients’ vital signs. They also set up baths and meals for patients, and help patients get dressed and walk. CNAs do not administer medication.

Licensed practical nurse (LPN) – Working under the direction of the registered nurse and a licensed physician, LPNs assist in assessing, planning, implementing and evaluating patient care. LPNs can administer treatment and medication.

Registered nurse (RN) – RNs are responsible for the delivery and documentation of patient care through the nursing process, which includes assessment, diagnosis, planning, implementation and evaluation. RNs carry out responsibilities in areas of nursing practice, utilizing critical thinking, management and problem solving. They also act as a patient educator and advocate. RNs administer medications and treatments prescribed by an authorized licensed practitioner. Nursing care is based on the established clinical practice standards subscribed to by the American Nursing Association, in accordance with the Florida Nurse Practice Act.

Advanced registered nurse practitioner (ARNP) – ARNPs are registered nurses who are certified in advanced and/or a specialized nursing practice. In addition to their role as a nursing professional, ARNPs can perform advanced level nursing and medical acts under an approved protocol, including diagnosing and treating patient conditions, monitoring and altering medication therapies, ordering diagnostic tests and initiating appropriate therapies for certain conditions.

Medical assistant (MA) – MAs have clinical and administrative duties, and work alongside doctors in outpatient facilities, clinics and medical offices. Their responsibilities include taking patients’ medical history, explaining procedures, preparing patients for an exam, drawing blood, removing sutures and changing wound dressings. They also file, code, schedule appointments, arrange for hospital admissions and update medical information.

Physician assistant (PA) – PAs work directly under the supervision of a licensed doctor. Their duties include diagnosis, developing treatment plans, and ordering labs and tests. Depending on state laws, PAs may be able to prescribe medications. Their responsibilities also may vary depending on what the doctor delegates, and depending on his or her competency level. Some PAs have specialized training in surgery, pediatrics, orthopedics or other specific area of medicine.
Labor and delivery often is a waiting game, with the new parents unsure of the exact moment when it will be time to go the hospital. Because of this unpredictability, and to provide appropriate care any time of day or night, HealthPark Medical Center recently hired obstetrician/gynecologist (OB/GYN) hospitalists. These board certified, experienced, emergency-ready OB/GYNs are available to admit and manage patients 24/7.

“OB hospitalists do not take the place of a woman’s OB/GYN,” Kandy says. “The program was designed to complement the current model of care—it enhances the care because we now have board certified OB/GYNs on-site and ready to respond when needed.”

The OB hospitalists are on-site and readily available to respond to emergency needs, such as STAT cesarean sections or ectopic pregnancies.

The OB hospitalists enhance safety for these high-risk patients, Kandy says. “HealthPark Medical Center already had neonatology and anesthesia services, an OB operating room team and a main operating room surgery team in house, around the clock, so the OB hospitalist program was a logical next step in advancing the care,” Kandy adds.

OB hospitalists also provide a safety net for patients who do not have a regular obstetrician or for those who go into labor before their obstetrician arrives at the hospital. Additionally, the OB hospitalists can observe and manage the care of women who want to experience vaginal birth after cesarean (VBAC).

“Obese patients are at a greater risk of developing NAFLD but the disease may also impact thinner patients, too. “Because medicine is more of an art, there are not ultimatums,” Dr. Wieczorek says. “Therefore, NAFLD may affect non-obese patients. However, there is a strong correlation with those patients who are affected by metabolic syndrome (high sugars, high blood pressure, cholesterol levels, central obesity).”

The condition affects men and women equally and is most common in people in middle age. It can strike children and seniors, though they are not in the highest risk category. Researchers are in the process of developing medications that target fat cells as a way to combat NAFLD.

“I, and other providers, recommend a healthy diet and exercise, as well as medication, to treat metabolic syndrome,” Dr. Wieczorek says. “This disease is still so young; it’s difficult to determine definitively what will make a long-term difference for the health of each individual patient.”

Dr. Wieczorek recommends routine wellness exams for his patients as a way to treat any disease or condition when it first develops, rather than waiting until it has a strong hold on the body.

“The most common initial presentation of hepatitis involves elevated liver tests on lab work,” he says. “Although the patient may feel well, routine health maintenance exams with blood work allow for a quick screening process. Lastly, seek a health care professional's advice before starting any supplements as supplements may cause forms of hepatitis or exacerbate a form of hepatitis that is already present.”

New Form of Hepatitis Related to Obesity

A diagnosis of viral hepatitis used to be a lifelong sentence that required daily management. Several strains of the disease include A, B, C, D and E, and nonalcoholic fatty liver disease (NAFLD).

The viral condition, which denotes inflammation of the liver, is spread a number of ways:

- Oral/fecal contact
- IV drug use
- Body fluids (semen, serum—a component of blood)
- Use of shared needles

An oral medication, Harvoni, has been highly successful in combating Hepatitis C, the most common strain in the United States, making this disease more manageable with nearly no side effects.

“I will always treat patients with different forms of hepatitis, but I see a shift as we head into the future,” says family practice physician Dean Wieczorek, D.O. “Unfortunately, the new epidemic, especially among the younger generation, is obesity. In essence, the paradigms shifts as obesity is prevalent. Hepatitis C will be eradicated and nonalcoholic fatty liver disease (NAFLD) will likely become more prevalent.

No one knows the exact cause of NAFLD. Theories suggest excess fat in the liver essentially changes the morphology of the liver cells. As a result, inflammation ensues, leading to cell death over time. We do know that NAFLD is not transmissible like viral hepatitis. The best treatment to date is what many health providers consider the best medicine: healthy lifestyle changes—diet and exercise.”

Obese patients are at a greater risk of developing NAFLD but the disease may also impact thinner patients, too. “Because medicine is more of an art, there are not ultimatums,” Dr. Wieczorek says. “Therefore, NAFLD may affect non-obese patients. However, there is a strong correlation with those patients who are affected by metabolic syndrome (high sugars, high blood pressure, cholesterol levels, central obesity).”

The condition affects men and women equally and is most common in people in middle age. It can strike children and seniors, though they are not in the highest risk category. Researchers are in the process of developing medications that target fat cells as a way to combat NAFLD.

“I, and other providers, recommend a healthy diet and exercise, as well as medication, to treat metabolic syndrome,” Dr. Wieczorek says. “This disease is still so young; it’s difficult to determine definitively what will make a long-term difference for the health of each individual patient.”

Dr. Wieczorek recommends routine wellness exams for his patients as a way to treat any disease or condition when it first develops, rather than waiting until it has a strong hold on the body.

“The most common initial presentation of hepatitis involves elevated liver tests on lab work,” he says. “Although the patient may feel well, routine health maintenance exams with blood work allow for a quick screening process. Lastly, seek a health care professional's advice before starting any supplements as supplements may cause forms of hepatitis or exacerbate a form of hepatitis that is already present.”

Obstetrical Hospitalists Enhance Safety and Care

Labor and delivery often is a waiting game, with the new parents unsure of the exact moment when it will be time to go the hospital. Because of this unpredictability, and to provide appropriate care any time of day or night, HealthPark Medical Center recently hired obstetrician/gynecologist (OB/GYN) hospitalists. These board certified, experienced, emergency-ready OB/GYNs are available to admit and manage patients 24/7.

“The OB hospitalist does not take the place of a woman’s OB/GYN,” Kandy says. “The program was designed to complement the current model of care—it enhances the care because we now have board certified OB/GYNs on-site and ready to respond when needed.”
Get Your Flu Shot and Be Prepared for the Holidays and Season

Seasonal influenza—also known as the flu—is highly contagious and unpredictable in its severity. Each year, flu results in an estimated 226,000 hospital admissions and thousands of preventable deaths. The best way to combat the flu is to get the annual influenza vaccine.

“Almost everyone 6 months of age and older should get the flu shot,” explains Steve Streed, Lee Memorial Health System director of epidemiology and infection control. “There are, according to the Centers for Disease Control and Prevention (CDC), only a few medical reasons that preclude someone from getting the flu shot, like prior Guillain-Barre syndrome, for example. But, the majority of people should get the vaccine, including pregnant women and those with chronic health conditions.”

Steve says there is unpredictability each year in the flu’s severity and in the efficacy of the vaccine. “There are many variations of the flu virus circulating around the globe at any given time and it is hard to guess which ones will predominate during the upcoming season,” he says. “Health authorities carefully monitor the global flu experience and make vaccine content recommendations by February or March in order to give drug manufacturers time to produce the vaccine in advance of the flu season—which, in the United States, runs October to May.”

There are years when new flu viruses emerge during the time between the health authorities’ vaccine content recommendations and the delivery of the annual vaccine, which causes the vaccine to be less effective. Steve says that was the case during the 2014-2015 flu season. “Despite this, we know that getting the seasonal vaccine each year remains the best long-term strategy to avoid getting the flu,” Steve adds.

It also is important to note that it normally takes about three weeks after receiving the flu shot to be protected. Steve recommends keeping this in mind as you prepare for holiday travel, family gatherings, and our seasonal influx of residents and visitors. “We recommend getting the flu shot as early as possible—before the flu viruses start circulating locally,” Steve says. “Then you will be set for the season, since the flu shot protects you without the need for a booster during the flu season.”

Lee Memorial Health System requires all employees and volunteers to participate in the annual flu prevention program, either by receiving the vaccine or obtaining an exemption and wearing a mask during the flu season and when within 6 feet of patients.

“We know that getting the seasonal vaccine each year remains the best long-term strategy to avoid getting the flu.”

HealthPark Care & Rehabilitation Gets Kitchen and Laundry Area for Patient Practice

The oatmeal was just the right consistency, with a touch of butter. HealthPark Care & Rehabilitation Center patient Trip Wade made the tasty snack as part of his therapy while recovering from a leg amputation after a diabetic coma.

Trip and other patients at the center practice household chores as part of their recovery therapy before returning home. The center installed an upgraded kitchen and laundry facilities earlier this year. This upgrade gives patients real-life experiences instead of simulated chores or actions. The new area includes a stove and oven, microwave, refrigerator, washer and dryer. An outdoor area for gardening in pots also provides another option to practice using motor skills.

“This is very nice,” Trip said. “I grew up in the kitchen with my mother and I still like to prepare food.”

Occupational therapy assistant Lana Sweatt assisted Trip but encouraged him to reach for silverware, stir the oatmeal in the pot and put on the toppings. The reward: a healthy snack and another step in the journey to independence. “Whether people are going to assisted living or going back to their homes when they leave here, the goal is for them to do things for themselves,” says physical therapist Kristina Troyer. “Having this kitchen empowers them to take care of themselves.”

The older kitchen did not have all of the features of a home kitchen and was devoid of laundry capabilities. The new stacked washer and dryer are available for use by the residents, or if they prefer, they do not have to launder their own clothes.

Richard Curtis Smith had a transient ischemic attack (TIA), which resulted in a fractured femur and spinal injury when he fell. He is recovering and hopes to return home soon. He washed a load of clothes as part of his practice before his physician will release him. “I’m doing things here that I would normally do at home but with the proper presentation,” he says. “The therapists here make sure you know what you’re doing before you have to do it alone.”

Occupational therapist Donna Ladd helped Richard and reminded him when to shift his weight and how to bend from the knees, not his back. “This is just like being at home,” Donna says. “I want to help him gain confidence here so I know he’s going to be OK when he’s doing all of these things at home.”

The new home area has helped patients understand how their lives have changed, but also what remains the same, and is within their grasp. “This helps us, because they really cook at home,” Donna says. “Before we had this kitchen we couldn’t cook, except for microwaving and we could only fold laundry. Now, we can do so many things that all of these people will do when they leave here. We want them to be successful.”

Occupational therapy assistant Lana Sweatt helps Trip Wade make oatmeal in the new kitchen and laundry area at HealthPark Care & Rehabilitation Center.
Healthy Recipe – Detox Salad

Ingredients
2 heads of broccoli (just florets)
1 cauliflower
6 carrots (peeled)
1/2 cup sunflower seeds
1/2 cup currants
1/2 cup parsley chopped
1/4 cup lemon juice
Sea salt to taste

In a food processor process each vegetable separately—broccoli florets (cut off stems, you can use them for a vegetable broth), cauliflower and carrots until finely chopped. You may need to stop the machine, mix it and process again.

Add your vegetables to a large mixing bowl. Add sunflower seeds, currants, parsley, lemon juice and sea salt.

Mix together and store in an airtight container in the refrigerator.

Recipe courtesy of www.runonveg.com

Join the Million Mile Movement!
Healthy Lee Movement Inspires Active Living

Healthy Lee was created to empower and inspire the people of Lee County to live healthier, more active lives, by engaging and collaborating with community leaders and organizations.

This community-wide initiative is successfully helping the residents of Lee County choose, commit and change for the better. Now, Healthy Lee is challenging our community to join the Million Mile Movement—a challenge to collectively log 1,000,000 miles in 90 days.

The Million Mile Movement is a fun, inclusive way to empower all of us to move—whether that means walking, running, biking or swimming. This challenge is open to anyone and everyone of all ages and fitness levels, and you can participate as an individual, or create your own team.

The challenge officially runs Oct. 1-Dec. 29. Visit www.HealthyLee.com/Million-Mile-Movement to register for the challenge. Set a personal goal for the number of miles you want to move in 90 days.

Use the website to log your miles—there also is a movement converter tool to convert a variety of healthy activities into miles—and to track our community’s progress toward 1,000,000 miles.

Exercise is such an important component of a healthy life—it is good for our brains and overall well-being, in addition to being good for our bodies. Improved blood flow and the release of endorphins improve your outlook and confidence and help you respond better in stressful situations. If you don’t currently make exercise a priority, use this Million Mile Challenge to jumpstart a new routine.

Dancing for Birth™ Helps Prepare, Empower Women for Childbirth

Exercising during pregnancy can boost your mood and energy level, help you sleep better, and ease or prevent back and body aches and pains. It also can help prepare you for labor and delivery.

Dancing for Birth™ is a special type of exercise now available at the Wellness Center – Cape Coral that teaches a variety of movements specially designed for pregnant women.

“The class combines dance fitness—like belly, Latin and African dance—and childbirth preparation skills,” explains Nancy Travis, RN, director of Women’s Services – Birth Suites, Cape Coral Hospital. “By participating in the Dancing for Birth classes, women become stronger, more agile and more at ease with their bodies. The mix of fitness and education helps women prepare physically and mentally for their unique birth experience.”

Dancing for Birth classes are 90 minutes long and are held weekly. They teach women how to incorporate dance into their whole pregnancy and birth experience. Women learn valuable tips and tools to help get the baby in the optimal position when labor begins, as well as birthing positions to ease discomfort and facilitate labor.

Women can join the class anytime—even after childbirth, as there are benefits for newborn mothers, too. “New moms who participate in the class wear their babies in soft slings or front carriers,” Nancy says. “Babies love the motion of dancing and are easily soothed by being held while moms dance. The classes also help mothers regain their pre-pregnancy shape and tone more quickly.”

Nancy says Dancing for Birth helps women feel supported and empowered throughout pregnancy and childbirth, as well as following birth. “Through this class, moms come together and learn from one another,” she says. “Whether you have concerns about labor or need guidance on parenting issues, like feeding, sleeping or soothing your baby, you are surrounded by women who can help. Our classes are taught by Sara Goldin, RN and Jorie Maddi, RN, who are registered nurses at the Family Birth Suites at Cape Coral Hospital and certified Dancing for Birth instructors.”

The drop-in fee is $15 per class, but class packages also are available for purchase and range in price and number of sessions. If you are interested in learning more about Dancing for Birth, visit www.dancingforbirth.com or call 239-424-2211.

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Kath Kinross, physical therapist, Wa-Ke Hatchee Recreation Center, how not to be a victim in this electronic drivers the legal issues of driving, how to recognize early signs of diabetes, and how to recognize early signs of diabetes. The topic is available in English and Spanish.

Weekly morning and evening classes are available at Cape Coral Hospital, Lee Memorial Hospital, and Wa-Ke Hatchee Recreation Center. To register, call 239-424-3127.

Weight Loss Management

Individualized weight loss counseling with a registered dietitian. Weight loss programs are available at Cape Coral Hospital, Gulf Coast Medical Center, HealthPark Medical Center, and Lee Memorial Hospital. Call 239-424-5102.

Diabetes

Diabetes Self-Management Classes

A 10-hour education program discussing self-management, including meal planning, psychosocial management, medication therapy and prevention of complications. This class is presented in both English and Spanish.

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