

# Health Connection



MIMBRES  
MEMORIAL HOSPITAL  
AND NURSING HOME

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FROM YOUR FRIENDS AT MIMBRES MEMORIAL HOSPITAL

## Keep an eye on your eyes

The right tests can prevent serious problems

To maintain proper eye health and vision, visiting an ophthalmologist at least once a year (or immediately, if you experience sudden vision loss, eye pain or irritation) is critical. Most eye diseases can be treated when found in the early stages.

Special tests that may be performed during an eye exam include:

- **Applanation method** to diagnose glaucoma. A thin strip of paper stained with dye is placed on the eye. The patient is then given a local anesthetic in the form of eye drops, and a tonometer measures the pressure.
- **Corneal topography** to create a map of the cornea's curvature. A computer analysis shows corneal distortions, such as scarring or astigmatism (an optical condition that makes vision blurry). This test is used to screen patients before they undergo eye surgery or a corneal transplant, or before they're fitted for contact lenses.
- **Fluorescein angiogram** to evaluate blood circulation in the retina. This test helps diagnose diabetic retinopathy and retinal detachment. Fluorescein dye is injected into a vein in the arm. When the dye reaches the eye, a specialized camera equipped with distinctive filters that highlight the dye is used to photograph the fluorescein as it circulates through blood vessels in the back of the eye.

### Did you know?

You probably know someone who has cataracts, since more than half of Americans have cataracts or cataract surgery by age 80, says the National Eye Institute.



- **Pupillary dilation test** to examine the retina for signs of disease by dilating the pupils.
- **Slit-lamp exam** to help diagnose cataracts, retinal detachment and corneal injuries.
- **Ultrasound** to provide a picture of the eye's internal structure using sound waves. This exam is useful in evaluating the retina and potential tumors.

### ! Good vision is in sight!

Ophthalmologist Thomas Boyle, M.D., a member of the MMH medical staff, provides medical and surgical eye care for the entire family. His office, St. Martin de Porres Eye Clinic, is located at 1208 S. Columbus in Deming. Call (575) 544-0048 to make an appointment today!

## CHRONIC PELVIC PAIN

# Causes and cures

**W**omen who suffer from chronic pelvic pain may feel that the discomfort is something they just have to live with—a “side effect” of being female. But they don’t have to suffer. Chronic pelvic pain, or CPP, is a real medical condition. And that means it can be treated.

### WHAT CAUSES PELVIC PAIN?

You may be suffering from CPP if you’ve had recurring pain in your lower abdomen and pelvic area for at least six months. The symptoms can vary. You may feel pain all the time or it may come and go. You may have a mild, dull ache or sharp, stabbing pain. In addition, you may have abnormally painful menstrual periods (*dysmenorrhea*), low backache, pain during intercourse, pain when going to the bathroom or rectal itching and burning.

The most common causes are gynecological:

- **Endometriosis.** In this condition, tissue from the uterine lining grows on other pelvic organs. When you have your period, this tissue swells and bleeds, causing pain and scarring.
- **Pelvic inflammatory disease.** This is an infection in the uterus, fallopian tubes and ovaries.
- **Fibroids.** These are benign (noncancerous) growths in the uterine wall.

### TESTING AND TREATMENT

Your physician will evaluate your pain by taking a detailed health history and performing a physical exam. He or she may also order some diagnostic tests, such as blood tests, urologic tests, X-rays or laparoscopy (a minimally invasive procedure in which the surgeon inserts a thin lighted tube through an incision in the abdomen to view your pelvic organs).

Treatment depends on the cause of your pain and includes the following options:

- stopping ovulation with birth control pills or injections
- using pain relievers such as ibuprofen or naproxen
- performing relaxation exercises, biofeedback and physical therapy
- taking antibiotics
- getting psychological counseling
- having surgery



## Stress incontinence: Help is available

It may be embarrassing, but stress urinary incontinence is a common problem among women. It’s also highly treatable. In fact, eight in 10 women who seek treatment see an improvement or are cured.

Stress incontinence occurs when any kind of pressure is put on the bladder, such as when you sneeze, laugh, lift, cough, exercise or even rise from a chair. Childbirth and weight gain are two common causes of incontinence because these conditions stretch the pelvic floor muscles. Hormone changes during menopause, some medications and other factors can also cause incontinence.

Your physician has many treatment options, including medication, strength exercises, biofeedback and, in extreme cases, surgery. So don’t let embarrassment keep you from asking for help.

# Put out the fire

## Heartburn can raise your risk for cancer

**N**early everyone has had an occasional bout of heartburn, or acid indigestion, after a spicy meal. But if you have chronic heartburn that occurs more than twice a week, you may be suffering from a more serious condition called gastroesophageal reflux disease (GERD). If you think you may be suffering from GERD, don't ignore it—without treatment it may eventually lead to more serious health problems, including cancer.

### WHAT IS GERD?

Though it's commonly called heartburn, GERD is a digestive condition that has nothing to do with your heart. Food is carried from your mouth to your stomach through your esophagus tube, which is connected to the stomach by the sphincter muscle. The sphincter usually closes once food passes into the stomach, but if it doesn't close properly, digestive juices rise back up into your chest and throat. They cause the burning feeling near your heart—hence the name heartburn.

GERD can also cause a dry cough and swallowing difficulties, make asthma worse and disrupt sleep. Left untreated, it can damage the esophagus' lining and cause bleeding or ulcers.

### A MORE SERIOUS DEVELOPMENT

GERD can also result in a condition called Barrett's esophagus, in which stomach acids actually cause changes to cells in the esophagus. These damaged cells can lead to esophageal cancer.

Barrett's esophagus is diagnosed with an upper gastrointestinal endoscopy. In this outpatient procedure, the physician passes an endoscope—a small, lighted tube with a tiny camera at the end—into the throat. This lets the physician look for tissue abnormalities and take a tissue sample through the endoscope if needed.

### GETTING RELIEF

If you suffer from heartburn more than twice a week, see your physician. He or she may recommend lifestyle changes (*see "Don't go for the burn," below*) as well as over-the-counter or prescription drugs such as:

- antacids (brand names include Mylanta, Maalox, Alka-Seltzer, Rolaids)
- H2 blockers (Tagamet, Pepcid, Zantac)
- proton pump inhibitors (Nexium, Prilosec, Prevacid)

Some of these drugs can also help improve Barrett's esophagus. In rare circumstances, your physician may recommend surgery to repair the sphincter.

### Don't go for the burn

**O**ne key to soothing heartburn is to avoid the triggers that can lead to discomfort.

In general, the following lifestyle changes can help most people put out the fire:

- If you smoke, stop.
- Avoid foods and beverages that worsen symptoms, such as citrus fruits, chocolate, fried foods, tomato-based foods, spicy foods and drinks with caffeine or alcohol.
- Lose excess weight.
- Eat small, frequent meals.
- Wear loose-fitting clothes.
- Avoid lying down for three hours after a meal.



# An inspiring story

## MMH staff member battles breast cancer

October is National Breast Cancer Awareness Month and a good time to tell you the story of Patty Juarez, a member of our business office staff at Mimbres Memorial Hospital and Nursing Home (MMH) since 1999.



Patty Juarez

### HER HEALTHCARE JOURNEY

Juarez has routinely had her annual mammogram because of a strong family history of breast cancer. Last February, her regularly scheduled mammogram showed no definitive disease, but because of dense breast tissue and her family history, radiologist Maiyoor Vidyasagar,

M.D., recommended further testing. Breast magnetic resonance imaging (MRI) revealed a mass in the right breast, and an ultrasound confirmed its presence. Surgeon Nikhil Mehta, M.D., reviewed the films and consulted with Juarez and Dr. Vidyasagar. A lumpectomy (removal of the tumor) and biopsies revealed the cancer was in the breast's milk ducts and lobules and two lymph nodes were positive for cancer, which meant she needed a bilateral mastectomy (surgical removal of both breasts).

Juarez was on the difficult road of chemotherapy, before and after her mastectomy. The good news was that her chest wall was unaffected. Reconstructive surgery has been planned.

### A LESSON LEARNED

Juarez urges women to have regular screening mammograms, and to be especially vigilant if they have a family history of breast cancer. She believes that having the breast MRI saved her life; because of her dense breast tissue and the tumor's location near the chest wall, a definitive diagnosis couldn't be made with a mammogram alone. She also assures women that her hair grew back.

She's appreciative of the healthcare family at MMH and at our sister hospital in Las Cruces, MountainView



Life is precious,  
and we should  
all find the joy  
in our daily lives.

Regional Medical Center. She also thinks Deming and Luna County are blessed to have Cancer Support of Deming/Luna County as a local resource for all cancer patients.

### TREASURING LIFE

Throughout her treatment, Juarez continued to work and inspire MMH staff. Her courage has touched everyone's hearts.

Juarez also celebrated another birthday—as did her three children—and another Mother's Day. Her younger children told her how happy they were that she was there for their birthdays, and her 20-year-old wrote her a birthday letter.

Since her diagnosis, Juarez treasures her time with her children and reminds them how precious life is and how we all need to find the joy in our lives. She believes in living each day as though it may be your last. Juarez loves the movie "The Bucket List" and feels that everyone should make a similar to-do list for life.

### ! Get screened!

**B**reast cancer is often caught in the early stages, when there's a good chance for treatment and recovery.

Call (575) 546-5892 to schedule a screening mammogram.

To find out more about the breast imaging services at MMH, call the radiology department at (575) 546-5872.

## Early detection saves lives!

**A**t Mimbres Memorial Hospital and Nursing Home (MMH), patients benefit from advances in breast imaging technology and a team dedicated to saving lives through early detection. The hospital's breast diagnostic services include:

- **Mammography with computer-aided detection (CAD).** A mammogram is an X-ray exam of the breast that helps detect and evaluate breast abnormalities. At MMH, CAD is done on screening mammograms as an additional tool to help radiologists detect suspicious areas.
- **Breast magnetic resonance imaging (MRI).** Physicians use this noninvasive procedure to determine what the inside of the breast looks like without having to do surgery or flatten the breast (as in a mammogram). Breast MRI doesn't replace standard screening and diagnostic procedures, but rather it's a supplemental tool for detecting and staging breast cancer and other breast abnormalities.
- **Stereotactic breast biopsy.** This may be useful in cases where a mass or calcifications can be seen on a mammogram but can't be felt. Computerized equipment maps the mass's exact location and guides placement of a needle to remove a sample of cells or tissue. This biopsy is used to determine if cancer is present.

## Urology services at MMH

**M**imbres Memorial Hospital and Nursing Home (MMH) offers lithotripsy, a surgical procedure that breaks up stones that have formed in the bladder, kidney or ureters. Two common methods include noninvasive extracorporeal shock wave lithotripsy (ESWL) and laser lithotripsy. ESWL is usually an outpatient procedure because it requires no cutting and results in less pain and shorter recovery time. For laser lithotripsy, a flexible endoscope instrument is inserted into the urinary tract and a laser zaps the stone. Spinal or general anesthesia is usually required. It's also primarily an outpatient procedure but may require an overnight hospital stay.

Ruel Taylor, D.O., board-certified urologist, performs both procedures. For questions about urinary tract stones or other urinary system conditions, call Dr. Taylor's office at Deming Urology Services at (575) 544-2030.

## FROM THE CEO

### Hospital happenings

**T**he second half of 2008 is an exciting time at Mimbres Memorial Hospital and Nursing Home (MMH). We've completed our management team with the addition of Chief Financial Officer Suzanne Herbert, Plant Operations Director Randall James, Dietary Director Jenenne Thompson, Pharmacy Director Anthony Ryan and Respiratory Director Paul Linder. Filling these important positions enables the hospital to move forward and continue providing comprehensive, cost-effective care to our patients and the community.



Bill Quitmeyer  
Chief Executive  
Officer

#### ENHANCEMENTS AND ADDITIONS

The hospital is continuing with facility upgrades. Plans are moving forward on the emergency room and operating room expansions. Recent improvements include the addition of stereotactic biopsy equipment in imaging to complement the mammography program, a new cardiac treadmill, a new EKG machine and new chemical analyzers for the laboratory.

#### DEDICATION TO STAFF

I've implemented monthly Town Hall meetings for the staff, during which we discuss their issues and concerns. Questions and answers brought up at these meetings will be posted to share with staff unable to attend.

I'm proud of our dedicated staff and their hard work in caring for patients. We're continuing to work toward improving various aspects of the facility to respond to community needs. More to follow next time. Thank you for your support.

Regards,

**BILL QUITMEYER**  
Chief Executive Officer  
Mimbres Memorial Hospital and Nursing Home

## HEALTHWISE QUIZ

### How much do you know about stroke?

Take this quiz to find out.

**1** A stroke occurs when blood flow is interrupted to your:

- a. heart
- b. lungs
- c. brain
- d. kidneys

**2** Someone in the United States has a stroke:

- a. every 45 seconds
- b. every 4 minutes
- c. every 45 minutes
- d. every 4 hours

**3** Which of the following are major risk factors for stroke?

- a. smoking
- b. high blood pressure
- c. high cholesterol
- d. all of the above

**4** Which of the following is usually not a symptom of stroke?

- a. sudden numbness, weakness or paralysis of your face, arm or leg—usually on one side of your body
- b. sudden difficulty speaking or understanding speech
- c. sudden blurred, double or decreased vision
- d. sudden shortness of breath

**5** How quickly must clot-busting drugs be given after the onset of a stroke to be effective?

- a. within 1 hour
- b. within 2 hours
- c. within 3 hours
- d. within 4 hours

ANSWERS: 1. C; 2. A; 3. D; 4. D; 5. C



## Holiday health alert PROTECT YOUR HEART

The holidays are supposed to be a happy time of year. But for many people, they can end up being a particularly *unhealthy* time of year. Heavy meals, excessive alcohol, smoking, stress—they all can take a toll. Your heart is especially vulnerable. But knowing which dangers lurk can help you take control of your heart health this season.

### STRESS INDUCERS

Three main triggers tend to cause holiday stress, says the Mayo Clinic:

- 1. Relationships.** Family tensions often increase during the holidays. What's more, those facing the holidays away from loved ones may feel lonely or sad.
- 2. Finances.** Spending too much on gifts, travel, food and entertainment can increase stress.
- 3. Physical health.** All that shopping, socializing, cooking, eating and drinking can be exhausting, especially for those already suffering from an illness.

### STRESS REDUCERS

To avoid holiday stress and health problems:

- Exercise and get enough sleep. Both fight off stress and fatigue.
- Watch what you eat. Go ahead and have your favorite holiday treats, but do so in moderation.
- Find time for yourself—do things *you* like to do.
- Seek help. If the holidays overwhelm you with sadness, anxiety or physical problems, talk with your physician. You may be suffering from depression, which needs to be treated.

# Healthy eating

## 7 winning ways to weight-loss success

The upcoming holidays present considerable challenges to eating healthfully. But with some careful planning and these helpful tips, you can stick with your weight-loss plan and enjoy a healthier lifestyle all year long.

- 1 **Work with your physician.** He or she can help you plan for and meet your goals.
- 2 **Set reasonable expectations.** Don't try to lose weight during the holidays. Simply maintaining your current weight will be a real accomplishment.
- 3 **Eat a variety of foods.** If you know you'll be having high-fat foods at dinner, focus on lots of fruits and vegetables for breakfast and lunch.
- 4 **Stay active.** Find 30 minutes a day to walk. If you're too busy—and who isn't?—break it up into three 10-minute walks.
- 5 **Eat breakfast every day.** Studies show that people who eat breakfast are less likely to overeat the rest of the day.



- 6 **Ask for a doggy bag.** When eating at a restaurant, eat half of your meal and bring the rest home for later.
- 7 **Reduce stress.** Stressful times can cause many to overeat. Find healthier ways to cut stress. Exercise, get plenty of sleep and spend time with people whose company you enjoy.

## When the ER should be your only option

How do you know when to treat a medical problem yourself, go to the emergency room (ER) or wait it out? For the following three situations, knowing how to react can mean the difference between life and death.

**Chest pain.** Chest pain that often comes with certain activities and then goes away easily is called stable angina. More than likely, if you've had this kind of angina for some time, you know how to treat it yourself.

Angina that comes on unpredictably or changes over time is called unstable angina. It may be the first sign of a heart attack. Get emergency treatment.

**Asthma attack.** Your asthma action plan tells you how to react to an asthma attack. But sometimes, even when you follow your plan, the attack may become severe. Go to the ER if:

- Your asthma medicine doesn't help.



- You feel a little better after taking your medicine, but serious symptoms come back quickly.
  - Your lips and fingernails are bluish or grayish.
  - You have trouble talking or walking.
- Insect bite.** Bug bites usually cause mild reactions—some swelling, minor pain, itching—that go away in a day or two. You can treat them with an icepack for the pain and an antihistamine to reduce swelling.

A severe reaction, however, can be life threatening. If you notice difficulty breathing, swelling of the lips or throat, dizziness, con-

fusion, a rapid heartbeat or nausea, cramps and vomiting, get to the ER.

In an emergency, don't drive yourself to the ER. Have someone drive you or, better yet, call for emergency medical assistance. The equipment and expertise on an ambulance can give you lifesaving first aid on the spot.

## MEET OUR NURSING LEADERS

The dedicated, experienced nursing leadership at Mimbres Memorial Hospital and Nursing Home (MMH) provides comprehensive care for our patients. We'd like to introduce three of them to you.



**LORI SIMMONS, R.N.**  
Director of Emergency Services

Lori Simmons, R.N., director of emergency services, has been a nurse for nine years. Simmons works with her staff to encourage great care for every patient. She has a special connection with MMH because her grandfather was a physician here. Simmons is grateful every day for the building upgrades and new equipment. "I try to assure patients that they'll be well cared for," says Simmons. "I love the adrenaline of an ER." What a great nurse to have at our hospital!



**PAMELA WADE, R.N., B.S.N.**  
Director of Obstetrics

MMH's Obstetrics Director Pamela Wade, R.N., B.S.N., has been a nurse since 1973. Wade brings a wealth of knowledge and experience to MMH. She graduated with a nursing degree from the University of Texas El Paso in 1990. Wade has worked in a high-risk perinatal center that delivered more than 300 babies a month, and she taught maternal-child health to nursing students. "The director of obstetrics position is a rewarding role for me," says Wade.



**CHARLOTTE GILBERT, R.N.**  
Director of Perioperative Services

If you hear an accent that's unusual in Deming, you might be talking with Charlotte Gilbert, R.N., director of perioperative services. Gilbert comes to MMH from a small Mississippi town, and her native state's charm is seen and heard in her voice and actions. "My goal has always been to provide advanced care for my patients, and now that goal has expanded to include working in the operating room here at MMH and giving that care to each of our patients," says Gilbert. "The one thing I try to instill in every co-worker is to treat each patient as you'd wish yourself or your family members to be treated. If our patients are placed first in our thoughts and hearts and their optimal outcome is our driving force, we'll remain on the right track."

Visit [mimbresmemorial.com](http://mimbresmemorial.com) to find the right physician for you.

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