

# Health Connection



**MIMBRES**  
MEMORIAL HOSPITAL  
AND NURSING HOME

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FROM YOUR FRIENDS AT MIMBRES MEMORIAL HOSPITAL

## MMH's award-winning staff!

**M**imbres Memorial Hospital and Nursing Home (MMH) is proud to announce our 2008 Employee of the Year, Clinical Manager of the Year and Non-Clinical Manager of the Year. These annual awards recognize employees and managers crucial to our success.



Debbie Newman  
Administrative Assistant

### EMPLOYEE OF THE YEAR

Congratulations to Employee of the Year Debbie Newman, administrative assistant to the chief nursing officer (CNO). Newman has worked for MMH for more than 10 years: as an EMT, in the business office and as administrative assistant to the chief executive officer and medical staff coordinator.

A longtime Deming resident, Newman has two children, Michael and Lauren. "Debbie is one of the hospital's best resources," says CNO Gwenda McClure. "Many members of our department staff—from the business office to dietary—ask for Debbie's help. I couldn't ask for a better assistant."



Joy Harrell, R.N.  
Director of the  
Medical/Surgical Unit

### CLINICAL MANAGER OF THE YEAR

Joy Harrell, R.N., director of the medical/surgical unit, has been honored as Clinical Manager of the Year. An MMH employee since 2003, she's been charge nurse and infection control practitioner/employee health coordinator. She's also led important hospital quality initiatives.

Originally from Deming, Harrell decided to go to nursing school because of her EMT experience. Devoted to her son and nursing career, Harrell excels in employee relations by promoting education and a positive, optimistic



attitude. She believes in providing quality healthcare and was named Employee of the Year in 2006.



Jason Hamilton  
Director of Materials  
Management

### NON-CLINICAL MANAGER OF THE YEAR

We're pleased to honor Jason Hamilton, director of materials management, as Non-Clinical Manager of the Year. A team member since 2007, Hamilton grew up and still lives in Mimbres.

Hamilton has more than 10 years of experience in purchasing and material handling. "When given a job—whatever it is—tackle it head on and do it to the best of your abilities," he says. "You'll never go wrong." He earned this award because of his dedication and winning personality.

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# Snap, crackle, pop!

## What are your joints telling you?

**Y**our body is a symphony of sounds—that cracking in your ankles, the popping in your knee. What causes these noises? Sometimes, it's just ligaments or tendons tightening and moving with a joint. For the most part, these sounds are normal and don't require any treatment.

But sometimes these noises can signal a more serious problem. A loud pop and locking of a joint can mean that torn cartilage, a piece of bone or something else has gotten caught between joint surfaces. Cracking and grinding may be a sign of arthritis. A loss of smooth cartilage and roughening of the joint surface is to blame for these noises.

### JUST MAKING NOISE?

To find out whether your popping and cracking should be of concern, look for the following signs. See your physician if you have any of these symptoms:

- pain accompanying the popping
- swelling of the joint
- locking or sticking of the joint
- loss of motion or function

### A JOINT EFFORT

The Arthritis Foundation and the American Academy of Orthopaedic Surgeons suggest following these tips to keep your joints healthy:

- Maintain a healthy weight.
- Stretch to increase your flexibility. Ask your physician to help you develop a regular stretching program.
- Stand up straight, shoulders back.
- When you lift heavy objects, use your legs instead of using your back. If you can't lift something yourself, ask for help.



- Alternate heavy activity such as housework, brisk walking or strenuous yardwork with rest periods.
- Wear protective gear, such as wrist, elbow or knee pads, if you're engaging in an activity where you could fall.
- Pay attention to your body. Pain may be a sign you're overworking your joints.
- Eat a well-balanced diet that includes plenty of calcium (1,200 mg a day for those over age 50; 1,000 mg for those ages 19 to 50).

## Knuckle cracking: Bad to the bone?

**S**ome people just can't resist cracking their knuckles. The cracking sound you hear is the "popping" of air bubbles when the joint is pushed or pulled a certain way. Knuckle cracking can certainly be annoying to others, but does it really make your knuckles larger? That old wives' tale hasn't been proven, but this is still a habit you should try to break, as studies point to possible soft-tissue damage in joints, a weak grip and hand swelling as a result of repeated cracking.



# Is joint surgery right for you?



By Valentin Antoci, M.D.  
Orthopedic Surgeon

**M**ore than 70 million Americans experience the pain of arthritis, a disease that causes movement loss and joint swelling. Arthritis sufferers often get relief from medication and home treatment, but sometimes it's not enough. For those who have severe arthritis pain, joint surgery may be the answer.

## FINDING RELIEF

Joint replacement or surgery can offer many benefits for people who have arthritis. These procedures not only relieve pain but also enhance movement and joint use. Despite these advantages, the decision to have joint surgery can be a tough one. Certain symptoms and other factors can

help people decide when the time is right to seriously consider surgery. Prime candidates for surgery are arthritis sufferers who are unable to sleep at night, participate in regular outings, get relief from medication or perform daily actions such as getting out of a chair. If you or a loved one experiences any of these symptoms, it's important to visit an orthopedic surgeon or rheumatologist to discuss the possibility of joint surgery or replacement.

Depending on the joint's condition, a variety of surgical options are available to arthritis sufferers:

- **Arthrodesis.** Typically performed on ankles, wrists, fingers and thumbs, this procedure fuses bones to help relieve pain.
- **Arthroscopy.** A minor outpatient surgery, arthroscopy is the most common procedure for diagnosing knee and shoulder problems. The physician uses a tool with a small camera on the end to assess joint damage.
- **Osteotomy.** When joints are misaligned, osteotomy can reposition the bone.
- **Total joint replacement.** This procedure replaces a problematic joint with an artificial joint. A widely used surgery, total joint replacement is most commonly used on knees and hips.

## COMPLETE ASSESSMENT

Before recommending surgery, your physician will review other health factors to ensure that you're in good general health. People with heart or lung disease have a higher risk of complications during surgery, which may factor into the surgeon's decision. People who are overweight or obese may not be prime candidates; physicians may ask patients to lose weight before surgery so recovery is much smoother. Good nutrition before surgery is also important, especially for older candidates.

For many, joint surgery greatly improves your quality of life. For more information about joint replacement or other procedures, talk with your physician.

## ! Making the joint decision

**S**chedule an appointment today to find out if surgery is right for you. Call Valentin Antoci, M.D., at Deming Orthopedic Services at (575) 546-1177 today.

## Your choice for care

The fourth quarter of 2008 was an exciting time at Mimbres Memorial Hospital and Nursing Home, and we're looking at 2009 with an eye to expanding services for citizens of Deming and Luna County. Department directors, architects and administrative team members have discussed preliminary plans for the new emergency department and surgery expansion to help finalize the layout and design. As soon as the electrical system upgrade is complete, further construction can begin. Watch for news about the groundbreaking!

### LIVING OUR VISION

In keeping with our vision to be your healthcare and education provider of choice, we offer educational opportunities through medical staff and hospital staff presentations. Senior Circle and Healthy Woman offer health-learning sessions, and our Web site—[mimbresmemorial.com](http://mimbresmemorial.com)—has a wealth of information about topics ranging from drug interactions to *Health eCooking*, a new online recipe resource with video demonstrations. We also partner with community organizations for health education; one group is the Living with Diabetes Support Group that meets in the hospital cafeteria on the third Monday of every month at 6:30 p.m.

We've also acquired new lithotripsy equipment for our operating room, and board-certified urologist Ruel Taylor, D.O., has moved his office to 900 W. Birch St., offering more convenience.

We're looking forward to a busy and challenging 2009, and we wish the best of health to you and your family.

Best regards,

**Bill Quitmeyer**  
Chief Executive Officer  
Mimbres Memorial Hospital  
and Nursing Home



## Team up for fitness

Lack of time, motivation and enjoyment are among the top reasons people don't exercise. One way to get around those barriers is to recruit someone to work out with you and make it fun, especially after holiday indulgences! Try these ideas:

- **Find hidden ways to move.** If you can't get your partner to start moving, find local events to attend together that make a perfect excuse to get out for a walk.
- **Explore the power of two.** Many communities have adult coed recreation teams, such as volleyball, bowling or soccer. Find one you both enjoy.
- **Learn a new sport or activity together.** When you're both beginners, it eliminates the tension that can arise when one person is the expert and the other is the novice who's doing it wrong. Consider trying kickboxing, indoor rock climbing or ballroom dancing.
- **Make a difference.** Join fitness events for worthy causes important to both of you, such as Walk MS for the National Multiple Sclerosis Society or Relay For Life for the American Cancer Society.

### ! A new year, a new you!

Start the year off healthy! Make an appointment with your physician or find a physician close to home by visiting [mimbresmemorial.com](http://mimbresmemorial.com).

## HEALTHWISE QUIZ

How much do you know about exercise?

Take this quiz to find out.

1 To lose one pound, you need to burn how many calories?

- a. 500
- b. 1,500
- c. 2,500
- d. 3,500

2 A good way to measure the intensity of an exercise is to keep track of your:

- a. heart rate
- b. blood pressure
- c. sweat levels
- d. thirst intensity

3 Exercise can:

- a. reduce depression
- b. help manage type 2 diabetes
- c. boost good HDL cholesterol
- d. all of the above

4 The *minimum* amount of time you should be active every day is:

- a. 15 minutes
- b. 20 minutes
- c. 30 minutes
- d. there is no minimum

5 Which of the following exercises will *not* help you build stronger bones?

- a. running
- b. swimming
- c. lifting weights
- d. dancing

ANSWERS: 1. (d) 2. (a) 3. (d) 4. (c) 5. (b)

# The kidney-heart connection

If you think kidney disease only affects your kidneys, think again. Though researchers can't fully explain the link, kidney disease is an independent risk factor for heart disease and greatly increases the risk of dying from heart problems. In fact, heart disease is the most common cause of death for the more than 20 million Americans with chronic kidney disease.

## WHO GETS KIDNEY DISEASE?

Kidney disease is often called a "silent killer" because many people don't even know they have it until it reaches an advanced stage. Risk factors include being obese; smoking; and having high blood pressure, diabetes or a family history of kidney disease. Ask your physician about testing if you're at risk. If he or she suspects you may have chronic kidney disease, blood and urine samples can diagnose it.

## KEEP YOUR KIDNEYS HEALTHY

If you already have kidney disease, early treatment can help keep it from getting worse. But the best method of attack is to prevent the problem in the first place. Take these steps to minimize your risk:

- **Maintain a healthy weight.** Eat healthful foods and be active every day.
- **Quit smoking.** Besides the damage it can do to your heart, smoking can interfere with medicine for high blood pressure.
- **Get your blood pressure level to 120/80 mm Hg or lower.** Start by slashing salt from your diet and getting more potassium (found in bananas, apricots and broccoli). If changing your diet doesn't help, discuss medications with your physician.
- **Control your blood sugar if you have diabetes.** Dietary changes and medication may be needed.



# 'Brake' for breakfast



**Y**ou wouldn't take off for a road trip with no fuel in your car, so it doesn't make much sense to send your body out for the day with nothing to run on. Your tank needs breakfast.

Studies have shown that those who eat this most important meal of the day are less tired and irritable, have better concentration and are more likely to maintain a healthy weight. Not a bacon-and-eggs person? No problem. Try these

out-of-the-cereal-box suggestions from the American Dietetic Association:

- one cup of vanilla low-fat yogurt topped with whole-grain cereal and berries
- leftover veggie pizza with a piece of fruit and a glass of milk
- whole-grain toast topped with a little peanut butter and apple slices
- whole-grain waffles or pancakes topped with fresh banana
- a super-fast smoothie, made from frozen fruit and yogurt, whipped up in a blender
- a breakfast wrap (try low-sodium deli turkey, low-fat cheese and spinach in a tortilla)
- oatmeal sprinkled with cinnamon and walnuts

## Ready, aim, vaccinate!

**V**accines aren't just for babies. If your child hasn't been to the pediatrician in a while, he or she may have missed some important shots. And don't forget that adults need vaccines, too! Talk

with your pediatrician about your child's specific needs and whether he or she is at high risk. And ask your own physician about *your* needs. Use this handy chart as your guide.

IMMUNIZATION	BIRTH TO AGE 6	AGES 7-18	AGES 19+
Diphtheria, tetanus, pertussis (DTap, Td/Tdap)	4 doses by 18 months; final dose at age 6	Kids need a booster at ages 11-12. For teens, ask your pediatrician if your child is up to date.	Get a Td booster every 10 years. If you're under age 65 and haven't been vaccinated with Tdap before, you need a single dose.
<i>Haemophilus influenzae</i> type b	4 doses by age 15 months		
Hepatitis A	2 doses between 12 and 23 months	High-risk kids and adults need a vaccination.	
Hepatitis B	3 doses within first 18 months of life	Ask your pediatrician if your child is up to date.	High-risk adults should be immunized.
Human papillomavirus (HPV)		3 doses are recommended for girls ages 11-12, or later if a young woman isn't up to date. Ask your physician about the pros and cons of vaccination.	
Inactivated polio virus	3 doses by 18 months	Ask your pediatrician if your child is up to date.	
Influenza	Yearly, for kids ages 6 months to 19 years		Anyone <i>can</i> get vaccinated; high-risk adults and those over age 50 <i>should</i> be.
Measles, mumps, rubella (MMR)	1 dose at 12-15 months; another at ages 4-6	Ask your pediatrician if your child is up to date.	If you haven't had this vaccine, you need it. High-risk adults need a second dose. If you were born before 1957, you're considered immune to measles and mumps.
Meningococcal (meningitis)	Ask your pediatrician if your child is high risk.	It's recommended for kids ages 11-12; otherwise, ask your pediatrician if your child is at high risk.	It's a must for high-risk groups.
Pneumococcal (pneumonia)	4 doses of pneumococcal conjugate by 15 months	High-risk kids and adults need the pneumococcal polysaccharide vaccine. Adults should get vaccinated at age 65; some older adults may need a booster.	
Rotavirus	3 doses by 6 months		
Varicella (chicken pox)	1 dose at 12-15 months; another at ages 4-6	Ask your pediatrician if your child is up to date.	If you aren't up to date and never had the chicken pox, speak with your physician.
Zoster (shingles)			Get it once, at age 60 or older.

Source: Centers for Disease Control and Prevention

# Arm yourself against cervical cancer



By Clifford Gary, D.O.  
Obstetrician and Gynecologist

**A**n estimated 3,700 women in the United States died from cervical cancer in 2004, a number that has slowly decreased by about 4 percent each year. Fortunately, through Pap tests, physicians are able to detect cervical cancer and begin treatment.

The two most common forms of cervical cancer are:

- **Squamous cell carcinoma**, which is composed of precancerous cells that resemble the flat, thin squamous cells covering the surface of the cervix. About 80 percent to 90 percent of all cervical cancers are squamous cell carcinomas.
- **Adenocarcinoma**, which develops from the mucus-producing gland cells of the cervix. It's becoming more common in women born in the last 20 to 30 years. If these cells are found early, cancer is often treatable.

## RECOGNIZING RISK

Many risk factors increase the chances of getting cervical cancer. Abnormal cervical-cell changes that can lead to cancer often result from earlier high-risk sexual behaviors, including having intercourse before age 18, having unprotected sex and having sexual intercourse with someone who has had multiple partners. Infection with human papillomavirus (a sexually transmitted infection) is also a risk factor. Usually the virus goes away without treatment, but a few forms can lead to cancer.



The American Cancer Society suggests that all women begin cervical cancer screening three years after they begin having vaginal intercourse, but no later than age 21. Screenings should be done every year because regular pelvic exams find diseases of the reproductive organs that the Pap test is unable to detect.

## ! Target good health!

**T**o learn more about your risk factors for cervical cancer or to schedule a Pap test, call the office of Clifford Gary, D.O., at (575) 546-6548 today.

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