

INFORMATION ABOUT YOUR HEALTH FROM
THE NEBRASKA MEDICAL CENTER

advancing health



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SERIOUS MEDICINE. EXTRAORDINARY CARE.

Prehypertension: An Early Warning Signal for Heart Disease



Consider it a warning signal you shouldn't ignore. Even if your blood pressure has checked out in the "acceptable range," if it's slowly creeping up into prehypertension levels, now is the time to do something about it.



Our brochure, *Blood Pressure Control*, discusses diet, exercise and medication tips. To order a FREE copy, please call 800-922-0000.

"Damage to your heart and other organs begins to occur during prehypertension levels, which is considered 120/80 to 139/89 mmHg," says Daniel Mathers, M.D., cardiologist at The Nebraska Medical Center. Prehypertension can increase your risk for heart attack, stroke, heart failure and kidney failure. Within four years of being diagnosed with prehypertension, nearly one in three adults ages 35 to 64 and nearly one in two adults age 65 or older progress to high blood pressure, according to the American Heart Association.

"We used to think that a blood

pressure level of 140/90 mmHg was an acceptable level," says Dr. Mathers. "We know now that if you want to live past 70, you have to get it lower. Guidelines for acceptable blood pressure levels are 135/85 mmHg for nondiabetics and 130/80 mmHg for diabetics. High blood pressure is considered levels that begin at 140/90 and 130/80 mmHg if you're diabetic. Your risk doubles every time the top reading, or systolic pressure, rises 20 points, and for each 10-point increase over 80 for the diastolic, or bottom number. For instance, an increase of 120 to 140 doubles your risk; a rise from 140 to 160 doubles your risk again.

In the United States, high blood pressure is becoming increasingly more prevalent. Nearly one in three adults has high blood pressure. However, most people with high blood pressure have no signs or symptoms and nearly one-third of these people live with the condition for years with-

out knowing it. Some people will experience headaches, dizziness or nosebleeds, but these symptoms typically don't occur until high blood pressure has reached life-threatening levels.

"Next to genetics, being overweight is one of the biggest risk factors," says Dr. Mathers. "As people get heavier, their risk for developing high blood pressure increases greatly."

Other risk factors include sedentary lifestyle, a diet high in sodium or low in potassium, tobacco use and excessive alcohol use. Certain chronic conditions such as high cholesterol, diabetes and sleep apnea, may increase your risk. Medications such as birth control pills, cold remedies, decongestants, over-the-counter pain relievers and some prescription drugs may also cause your blood pressure to rise.

People can take control of their health by watching their diet, losing weight and exercising, says Dr. Mathers. For instance, losing weight and exercising can knock 10 to 20 points off your systolic pressure and 5 to 10 points off your diastolic pressure.

If you have high blood pressure, or the existence of prehypertension, in combination with diabetes, kidney disease or cardiovascular disease, your doctor may recommend blood pressure medication in addition to lifestyle changes.

Lifestyle changes include the following:

- **Eat healthy foods.** Increase servings of fruits, vegetables, whole grains and low-fat dairy foods.
- **Maintain a healthy weight.** Losing as little as 5 pounds can lower your blood pressure.
- **Reduce sodium intake.** Limit sodium to no more than 2,400 milligrams a day.
- **Exercise.** Regular exercise will help lower your blood pressure and keep your weight under control.
- **Limit alcohol.** Excessive alcohol consumption can increase blood pressure. ■



Take our
health assessment
quizzes at
www.NebraskaMed.com/assessment.

The No-Surgery, No-Scar Way to Treat Varicose Veins

Bulging, twisted varicose veins can not only be unsightly, but they also can be painful and uncomfortable. Up to 40 percent of women and 25 percent of men suffer from this condition. A new outpatient treatment called endovenous laser treatment (EVLT), now available at The Nebraska Medical Center, can rid individuals of this unpleasant condition and have them walking out of the office pain-free immediately afterwards.

“There are tremendous benefits to this procedure in comparison to the traditional surgical procedure,” says Anthony Adelson, M.D., interventional radiologist at The Nebraska Medical Center. “EVLT is quick, safe, leaves no scarring and is done as an outpatient.”

The procedure is performed by inserting a tiny, fiber-optic probe through a tiny entry point, usually near the knee. Laser energy is then delivered to the faulty vein to seal it off. The procedure can be performed in your doctor's office, uses local anesthesia to numb the area and normally takes less than an hour. Some patients may experience minor soreness and bruising. In comparison, traditional varicose vein removal surgery, called stripping, requires two

incisions at the groin and knee, often causes bruising, swelling and scarring and has a long recovery period.

Candidates for the procedure include individuals suffering from varicose veins in which there is an incompetency in the veins that prevents them from properly transporting blood to the heart. When the valves malfunction, the blood flows backward and pools, causing unsightly and painful veins. Risk factors include genetics, older age, pregnancy and use of birth control pills or hormone replacement therapy. Obesity, prolonged standing and physical trauma can speed up the development of the disease.

People with varicose veins may experience pain, heaviness and tiredness in the legs, burning and tingling, swelling and throbbing. If varicose veins go unchecked, they can result in phlebitis—inflammation of the veins, sores that don't heal and infection. ■



For more information about laser treatment for varicose veins, visit us at www.NebraskaMed.com/EVLT.



Women's Health & Wellness Conference

Conference

Making the Most of Your Future



Friday, Oct. 13

8 a.m. to 3:30 p.m.

Holiday Inn Convention Centre

72nd and Grover Streets

To register, call 402-559-6345.

Registration deadline: October 6. Cost: \$40; \$70 for nurses with 5.2 contact hours.

Learn more about how you can take control of your health with exhibits, health screenings and presentations on women's screening tests, aging gracefully, healthy cooking, women and stroke, physical activity as an alternative to medications and surgery, saving for retirement and the challenges of being a caregiver.

We Are Here for You 24 Hours a Day, 7 Days a Week

The Nebraska Medical Center allows you access to free health information whenever you need it and features:

- 7 days a week, 24 hours a day access
- bilingual
- physician referral
- class or seminar registration
- a “call-me-back-later” feature through our website.

800-922-0000

Blood Pressure Screenings On the Go

Now you can get free blood pressure readings and monitor your numbers without a trip to the doctor's office with new Heart Check Kiosks sponsored by The Nebraska Medical Center at area malls.

The process is simple:

- Slip on the arm cuff.
- Push the button.
- Within a matter of seconds, the reading is complete and recorded on a card that can be taken home.

Heart Check Kiosks are now available at these locations:

- Oak View Mall, upper level near Dillard's
- Westroads Mall, second level near Dick's Sporting Goods

Art Encounters Club Special Event

Oct. 19, 10:30 a.m.
Joslyn Art Museum

Join us for a free Third Thursday Art Encounters Club special event, including refreshments and a gallery talk with exhibition curator John Wilson to learn more about the Art Encounters Club.



health & wellness

P R O G R A M S

Club activities are open to all interested individuals age 50 and older. Health and Wellness Club (H&W) members enjoy occasional discounts and special offerings. **For more information or to register for the following activities, call 800-922-0000.**

Zoo Walking Club

Meets Fridays, 8:30 a.m.; north gate until Fall Festival Nov. 3. After Fall Festival, meet at main gate at 9 a.m. Must be a zoo member to participate. Everyone is welcome at Fall Festival.

Third Thursday Art Encounter Club

Third Thursdays, 10:30 to 11:30 a.m. Oct. 19, Nov. 16
Free to Joslyn members; H&W Club members pay museum admission. Enjoy guided tours of Joslyn's permanent collection and special exhibitions. *Oct. 19: Art on the Edge: Modern and Contemporary Art from the Permanent Collection; Nov. 16: Legends of the West: The Foxley Collection*

AARP Driver Safety Class

Saturday, Dec. 2, 9 a.m. to 5 p.m.
Storz Pavilion, Rooms 1 & 2
\$10 fee
Register by calling **800-922-0000**.

Book Club for Art Lovers

Meets four times annually, 10:30 a.m. to noon or 1 to 2:30 p.m.
Joslyn Art Museum conference room
Tuesday, Nov. 14: Black Elk Speaks: Being the Life of a Holy Man of the Oglala Sioux. Free to Joslyn members; \$7 for adults; \$5 for ages 62+. For more information, call Joslyn Art Museum at 402-342-3300.

Medical Seminars

Storz Pavilion, Rooms 1 & 2
Lunch served at 11:20 a.m.; speaker begins at noon.
\$5 Health and Wellness Club members; \$6.50 guests
Registration required; call **800-922-0000**.

The Future of Primary Care: Hospitalists and Internists

Thursday, Sept. 28
Speaker: Donald Darst, M.D.

Checks and Balances: Tips for Your Financial Health

Thursday, Oct. 28
Speaker: Mike Geis

Blood Draw

Saturday, Oct. 28, 7 to 10:15 a.m.
Storz Pavilion
Wellness panel lab draw (fast required).
\$35 fee
Register by calling **800-922-0000**.

Tai Chi

A gentle and slow-motion exercise that increases overall fitness, coordination and balance. The class meets for six-week sessions at the Bloomfield Forum Retirement Facility, 9804 Nicholas Street. To register, please call **402-559-2030**.



To sign up for free monthly health information from Advancing Health Online, visit www.NebraskaMed.com.

What You Should Know About Sports-Related Head Injuries

Fall sports are now in full swing. As parents, we want our children to have fun and develop new athletic skills, but we also need to ensure our children stay safe and wear appropriate protective gear. Physical sports like football and hockey and even soccer, can expose your child to serious head injuries and concussions.

The brain is cushioned by cerebrospinal fluid, but a severe blow to the head may knock the brain into the side of the skull or tear blood vessels. "Any internal head injury, such as fractured skull, torn blood vessels or damage to the brain itself, can be serious and possibly life-threatening," says Kenneth Blad, M.D., family practitioner at Clarkson West Medical Center.

There are different levels of injury that require different levels of concern. A clear indicator of a more serious injury is when your child loses consciousness or has signs of confusion. Call an ambulance if your child shows any of the following symptoms:

- Unconsciousness
- Abnormal breathing
- Obvious serious wound or fracture
- Blood or clear fluid from the nose, ear or mouth
- Disturbance of speech or vision
- Pupils of unequal size
- Weakness or paralysis
- Dizziness
- Neck pain or stiffness
- Seizure
- Vomiting more than two to three times
- Loss of bladder or bowel control

If your child is conscious:

- Do your best to keep him or her calm and still.
- If there's bleeding, apply a sterile dressing, or bandage.
- Do not attempt to cleanse the wound, which may aggravate bleeding and/or cause serious complications if the skull is fractured.
- Do not apply direct pressure to the wound if you suspect the skull is fractured.



Do not remove any object that's stuck in the wound.

- Do not remove any object that's stuck in the wound.

Concussions are considered a type of internal head injury involving temporary loss of normal brain function as a result of an injury. Repeated concussions can result in permanent injury to the brain. A child who suffers three separate concussions should not return to sports that put him or her at higher risk for head injury, says Kenneth Follett, M.D., neurosurgeon at The Nebraska Medical Center. Your brain's ability to heal lessens after each concussion and after a third concussion, loses its ability to heal properly in subsequent injuries.

Immediate signs of a concussion include: confusion, blank stare, slurred speech, stumbling, sleepiness or ringing in the ears. "If mental clouding persists for more than a few minutes, seek medical attention," says Dr. Follett.

In some cases, symptoms linger for several days. Rest is the only way to resolve a mild concussion. Children should not return to sports-related activities until symptoms have completely cleared, stresses Dr. Follett, or they could risk suffering brain damage.

If a child's symptoms do not get better within two weeks, see a physician. Your child may have suffered more serious injury. ■

UPDATE

the latest medical research

Cryptogenic Stroke and PFO Study

Have you or someone you know recently suffered a stroke? Adults 19 to 60 years old who have had a stroke in the past 180 days and have a common heart defect—patent foramen ovale (PFO)—are invited to participate in a research study. The purpose of the study is to find out whether implanting an investigational device to repair the PFO during a nonsurgical procedure is better than standard medical treatment in preventing future strokes. **To learn more about the study, call The Nebraska Medical Center at 800-922-0000. To learn more about PFO closure, visit www.amplatzer.com.**

West Nile Virus Research Study

Have you been diagnosed with West Nile virus? Adults diagnosed with West Nile virus anytime within the last four years may be eligible for The Nebraska Medical Center research study looking for a reason why people experience either mild or severe West Nile virus infections. **For more information, call The Nebraska Medical Center at 800-922-0000.**

Anemia and Kidney Disease

Volunteers with chronic kidney disease are invited to participate in research looking at the effects of an oral anemia drug taken twice a week in patients with chronic kidney disease. Eligibility includes those age 19 or older, who require treatment for anemia, have a history of chronic kidney disease and are not on dialysis. **To learn more, call The Nebraska Medical Center at 800-922-0000.**

TOP DOCTORS ARE HERE!

The Nebraska Medical Center had 176 physicians, representing 34 specialties, named to the 2005 Best Doctors list. To find a doctor at The Nebraska Medical Center, call 800-922-0000 or visit us at www.NebraskaMed.com.



For more information about neurological services, visit us at www.NebraskaMed.com.

New Options for Weight Loss Surgery



Obesity is about more than being overweight. It can be embarrassing, debilitating, a burden to friends and family and can predispose these individuals to a number of serious health conditions.

“The quality of life for obese patients can be very dismal,” says Corrigan McBride, M.D., bariatric surgeon at The Nebraska Medical Center. “It is hard for them to get around and do many of the things we consider a normal part of daily life.”

Faced with the futile failure of dieting, some obese individuals are turning to weight loss surgery, also known as bariatric surgery, to help them lose excess weight. “Bariatric surgery has become a very effective and fairly safe option that can help the average person lose 50 to 70 percent of his or her excess weight,” says Dr. McBride. “Candidates must be at least 100 pounds over their ideal weight; they must be highly motivated and ready to make long-term lifestyle changes that include diet, exercise and

a strict follow-up schedule with their physician.”

“The problem with traditional weight loss programs is that more than one-third of people drop out and only 5 percent maintain weight loss after three years,” says Dr. McBride. “The variations in weight caused by repeated attempts at conservative treatment can be damaging to a person’s health.” Obesity also raises a person’s risk of developing serious health conditions like type 2 diabetes, coronary heart disease, high blood pressure, high cholesterol, sleep apnea, chronic headaches, venous stasis disease, urinary incontinence, liver disease and cancer.

“Weight loss induced by surgery, can reduce obesity related comorbidities and has proven effective in 10- to 15-year follow-ups,” says Dr. McBride. Two of the most common and successful procedures

FREE BARIATRIC SURGERY BROCHURE

Our FREE brochure, *Understanding Bariatric Surgery*, discusses types of surgery, pre- and post-op care, home recovery and weight loss.



To order a copy, please call **800-922-0000**.



For more information about weight loss surgery, visit us at **www.NebraskaMed.com**.

performed at The Nebraska Medical Center include Lap-Band surgery and laparoscopic Roux-en-Y gastric bypass surgery.

The Lap-Band decreases food intake and promotes a feeling of fullness after meals by placing a band around the stomach near the upper end to make a small pouch and narrow passage into the rest of the stomach. The size of the band can be adjusted as needed. The Lap-Band induces slow weight loss with the average patient losing half their preoperative excess weight in two to three years.

Laparoscopic gastric bypass works by dividing the stomach vertically to create the small pouch. The gastric bypass is a stronger tool that will make patients sick if they overeat or eat sweets, notes Dr. McBride, with most patients losing 70 percent of their excess body weight within 18 months.

“It is important to remember that surgery for morbid obesity is not a quick fix,” says Dr. McBride, “It is an excellent tool for the highly motivated patient who is ready to make long-term lifestyle changes. Patient compliance has a large impact on success.” The Nebraska Medical Center offers two support groups for patients and their families and friends, as well as psychological counseling. ■

q & a...

What is my risk of becoming infected with the avian flu virus?

Mark Rupp, M.D., infectious disease specialist

At present, avian influenza (H5N1) has not been found in the Western Hemisphere and therefore, the risk of acquisition in persons in our area is essentially zero. In addition, to date, most cases of avian influenza infection in humans have resulted from direct and close contact with sick and dying poultry such as domesticated chickens, ducks and turkeys, or surfaces contaminated with secretions and excretions from infected birds. The spread of avian influenza viruses from an ill person to another person has been reported very rarely, and transmission has not been observed to continue beyond one person. Symptoms of avian influenza in humans have ranged from typical human influenza-like symptoms—fever, cough, sore throat and muscle aches—to severe respiratory disease and death. A major concern is that the virus could adapt to humans resulting in a new human influenza strain to which preexisting immunity among humans would be lacking. This could touch off a global influenza pandemic. For additional information about pandemic flu and what you can do to prepare, go to **www.pandemicflu.gov**.



I've been told I have uterine fibroids. Is hysterectomy my only option?

Udaya Chintalapudi, M.D., interventional radiologist

Uterine fibroids are the most common tumors of the female genital tract, affecting approximately 30 to 40 percent of the female population and 50 percent of African-American women during their childbearing years. While fibroids are non-cancerous and do not always cause symptoms, their size and location can lead to pain and heavy bleeding for some women. In severe cases, many of these women may need to have a hysterectomy or removal of the uterus.

In some cases, a hysterectomy is completely necessary. However, you should also explore the option of having uterine fibroid embolization, a noninvasive procedure that can shrink tumors and serve as an alternative to abdominal, vaginal or laparoscopic hysterectomy. The long-term recurrence rate for fibroid embolization is about 10 percent and in many of these patients, the procedure can be performed again. The biggest drawback to fibroid embolization is that we are still uncertain about the long-term implications on fertility and childbearing, therefore, pregnancy is not recommended.

Want to LEARN more?
Need a PHYSICIAN REFERRAL?
Call us at **800-922-0000** or visit
www.NebraskaMed.com.



Keeping Your Gums Healthy May Also Protect Your Heart

A healthy smile may be priceless for the camera, but it may also be dear to your heart. Research continues to point to a connection between gum disease and an increased risk for developing cardiovascular problems.

“We’re seeing increasing evidence that the unhealthy bacteria associated with gum disease may enter the blood stream and cause swelling and narrowing of the arteries,” says Jeffrey Carstens, M.D., cardiologist at The Nebraska Medical Center.

Several studies have shown that gum disease may boost the risk for heart attack, heart disease and stroke by as much as 50 percent. In one study, those with severe gum

disease were almost 10 times more likely to have coronary artery disease than their peers with healthy gums.

Some researchers think that bacteria—the culprits behind gum disease—are responsible for the connection. Chewing, talking and swallowing increase the production of bacteria from the gums of people with gum disease. These germs may then enter the blood through sores in the gums—a common problem for those individuals with severe gum disease. When these bacteria enter the blood, the body produces proteins that cause swelling in the arteries. One of these, C-reactive protein, is linked to plaque buildup in the arteries.

What about people who already have heart disease?

“Based on the research out there so far, we don’t think that gum disease raises future heart risks for these people,” says Dr. Carstens.

Despite these recent findings, experts can’t say for sure that gum disease causes heart disease or stroke on its own. There may be other explanations that need to be explored, notes Dr. Carstens, and more research is under way.

In the meantime, you can reduce your chances of developing gum disease by practicing the following healthy oral hygiene habits:

- Brush your teeth at least twice a day and floss daily.
- Refrain from tobacco use in any form.
- Eat a healthy diet that includes lots of fruits and vegetables. Limit foods high in sugar.
- Visit your dentist once or twice a year for regular checkups and cleanings.

It’s also important to be on the lookout for signs of gum disease. These include tender or bleeding gums, loose teeth, bad breath or a bad taste in your mouth. If you have gum disease, medicine or other treatments can help preserve your smile and possibly your heart. ■

CUTTING-EDGE
CARDIAC CARE AT THE
NEBRASKA MEDICAL CENTER

Are You at Risk?

You might be at risk for a heart attack if you have one of the following conditions:

- High blood pressure
- Obesity
- Cigarette smoking
- Family history
- Physical inactivity
- Diabetes

Warning Signs of a Heart Attack

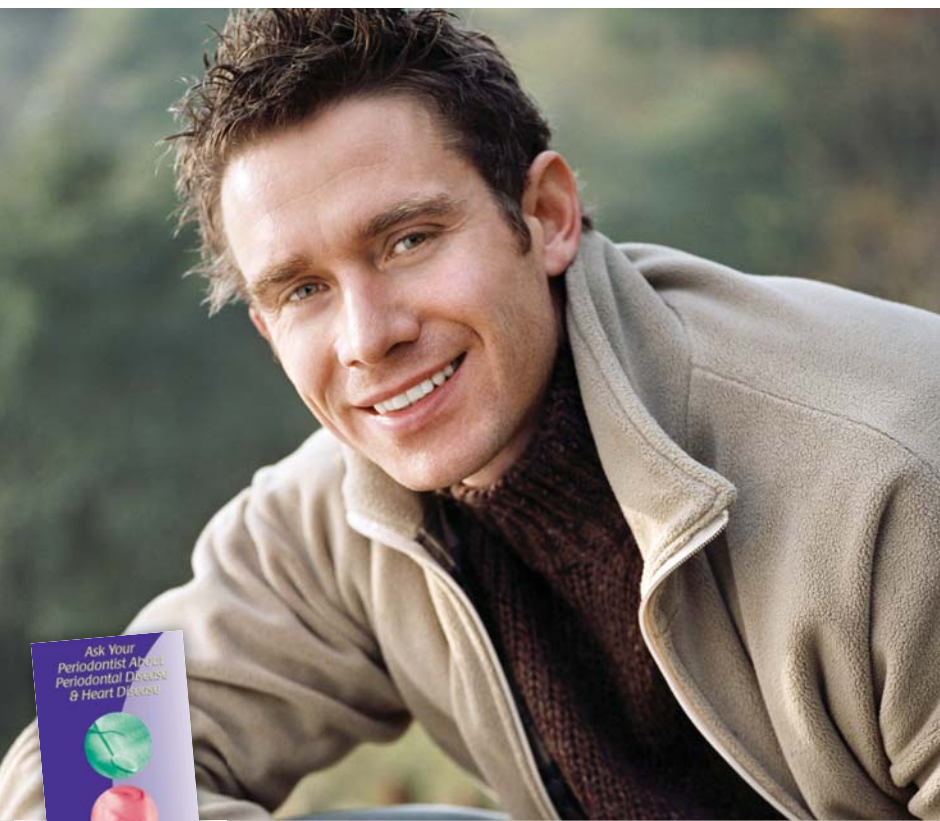
For men:

- Uncomfortable pressure or pain in the center of the chest
- Tightness or burning in your chest
- Pain radiating to the jaw, neck, shoulders and arms
- Sudden light-headedness, nausea and shortness of breath

For women:

- Mild chest discomfort
- Pressure in the chest, upper jaw or neck
- Shortness of breath
- Exertion intolerance
- Lack of appetite or indigestion

If you or anyone you know has experienced any of these symptoms, seek immediate medical care. Time saves lives and the sooner you are treated, the more effective the treatment.



FREE BROCHURE

Our FREE brochure explains the link between periodontal disease and heart disease. To order, call **800-922-0000**.



For more information about our heart care services, visit us at www.NebraskaMed.com.

Heart Transplant Provides Local Teen a Chance for New Life

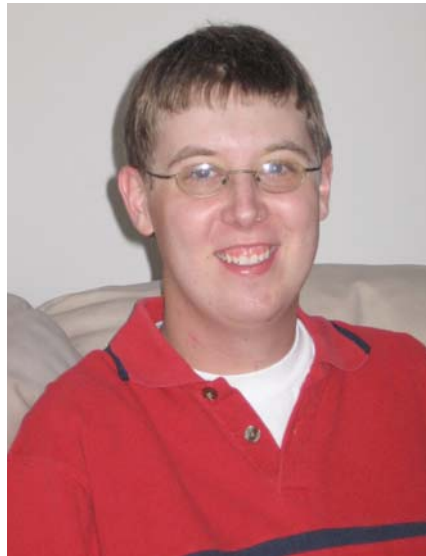
For 19-year-old Paul Flies, running, baseball and basketball are activities he never thought he'd get the opportunity to do. "I've always loved sports, but I thought I'd always have to sit on the sidelines because of my heart condition," says Paul.

Born with Ebstein's Malformation, a condition in which the heart's tricuspid valve does not develop correctly, and with an irregular heart rhythm, Paul has lived the majority of his life with an artificial valve and a pacemaker. At age 18, he had a heart attack, leaving him with very little time and limited treatment options.

This summer, however, marked the beginning of a new chapter for the Defiance, Iowa teenager. In July, Paul received a new heart after undergoing a heart transplant at The Nebraska Medical Center.

The transplant was Paul's final hope. "When we first saw Paul, he was in very advanced heart failure," says Mohammed Quader, M.D., director of Heart Transplantation and Ventricular Assist Device Therapy at The Nebraska Medical Center. "If we had not performed a transplant, most people in his condition would not live long enough to see another year."

Paul now views his heart attack as a blessing in disguise, saying that without it, he would not have been put on the transplant list to receive a new heart. Just days prior to the transplant, Paul's condition had deteriorated significantly. However, less than 24 hours after the transplant, he had already shown significant signs of



Paul Flies, who recently received a heart transplant at The Nebraska Medical Center, is enjoying a return to an active lifestyle.

improvement. "When Paul first woke up, he was very, very happy," says his mother Cathy Flies. "You could tell he was just happy to be alive."

Today, he is more active than he has been his entire life. "I have been doing fast-pace walking for a couple of miles," says Paul. "This is an amazing step since I've never been able to exercise before. Before the transplant, I had to rest after a minute and I had trouble breathing."

Paul's transplant is one of 16 heart transplants that have been performed over the past year since the cardiothoracic surgery program at the University of Nebraska Medical Center reorganized under the leadership of Kim Duncan, M.D., chief of Cardio-Thoracic Surgery and professor of Cardio-Thoracic Surgery at UNMC.

"The program has exceeded our expectations," says Dr. Duncan.

"We've performed 17 transplants in less than a year with 100 percent survival," he notes. "You can't do any better than that." In fact, this is the first time that any heart transplant program in the state has exceeded more than 12 transplants in one year. As the population continues to age, the need for transplantation is expected to grow.

"I feel a profound sense of accomplishment that we were able to help this family," says Dr. Quader.

Paul says he plans to attend Iowa State University for journalism.

"I probably won't be able to be on campus fall semester, but plan to start classes through e-college as soon as possible," he says. "Another benefit from the new heart, I have better circulation to my brain which I'm told means it will be easier to learn."

One of Dr. Quader's fondest memories is the image of Flies several days after heart transplant surgery, walking down a floor in the hospital outpacing his father. "His father turned around and said to me, 'The last time I was huffing and puffing this much was when I was carrying him,'" recalls Dr. Quader.

"The beauty of heart transplantation is that it completely reverses the order of survival and longevity," adds Dr. Quader. "Patients who don't have a transplant, generally survive less than two years. By 18 months, 80 percent will die. A heart transplant completely reverses those numbers. At two years, survival is 85 to 88 percent. After five years, survival is 70 percent or more." ■

women and heart disease

When it comes to heart disease, most of us think of it as a man's disease. The fact is, heart disease is the number one killer of all women in this country.

"The major difference between men and women is that women are more likely to develop symptoms of heart disease after menopause, about 10 years later than men," says Eric Van De Graaff, M.D., cardiologist at The Nebraska Medical Center. Possibly because heart disease usually occurs at an older age in women than men, it is more likely to be fatal in women.

Compounding the issue is that many women fail to realize they are having a heart attack. Unlike men, who are likely to experience intense chest pain, women's symptoms are usually milder. For instance, a woman might experience mild chest discomfort in the chest, upper jaw or neck, shortness of breath, lack of appetite or indigestion.

"Women tend to ignore the symptoms," says Dr. Van De Graaff. "They need to be aware of symptoms of a heart attack and get them checked out."

Although the statistics are lower, younger women are still at risk. Healthy lifestyle changes that can reduce your risk include: quitting smoking, maintaining healthy cholesterol and blood pressure levels, controlling weight, exercising, managing diabetes and knowing your family history for heart disease and stroke.

For more information about heart disease, visit us online at www.NebraskaMed.com.



To learn more about heart care, visit us online at www.NebraskaMed.com.

Early Preventive Screenings Critical for High-Risk Liver Cancer Patients



While many cancers are declining in the United States, new cases of primary liver cancer are on the rise and are expected to continue to increase over the next two decades. Not only is liver cancer among the most challenging cancers to treat, but often it does not produce symptoms until late stages of the disease. Doctors are now encouraging high-risk groups, which include those with cirrhosis, or hepatitis B or C to undergo ultrasound screenings every six months to help ensure early detection of the disease, says Fedja Rochling, M.D., gastroenterologist at The Nebraska Medical Center.

Other risk factors include alcohol use, exposure to toxins and intake of anabolic steroids. The most common cause of primary liver cancer in the United States is chronic infection with the hepatitis C (HCV) virus. Most Americans have become infected with HCV as a result of contaminated blood supplies before 1992—the year improved blood supply screening tests became available. Symptoms in late-stage liver cancer can include pain on the right side of the upper abdomen; right shoulder or the

back; indigestion, lack of appetite, nausea or weight loss; jaundice, fever and abdominal or leg swelling.

The Nebraska Medical Center is one of the leading centers in the region for the treatment of liver cancer and treats some of the most advanced cases of liver disease, says Dr. Rochling. Patients receive the latest liver cancer treatment options backed by an experienced medical staff, many of whom have been with the program since the inception of the liver transplant program more than 20 years ago.

The liver transplant program at The Nebraska Medical Center consistently achieves better outcomes than the national average and performs more successful high-risk liver transplants than almost any other program in the nation.

“In many cases, patients are sent here because we can provide them options that don’t exist elsewhere,” says Dr. Rochling. “We have the experience, the knowledge and the expertise because we have been treating liver patients in all stages of the disease for many years.” ■



To find a liver cancer specialist, call 800-922-0000.

Transplant Program Rated Top in the Country

What makes a successful transplant program? Experience, expertise and dedication. “Studies looking at the success rates of bone marrow and stem cell transplant programs show that experience is a very critical factor that correlates directly with outcomes and quality,” says Marcel Devetten, M.D., hematologist/oncologist at The Nebraska Medical Center. “Bone marrow and stem cell transplants are very complex procedures that require experience and a team approach. The Nebraska Medical Center has a very

experienced team of health care professionals from a variety of disciplines who all work under the same roof—the Lied Transplant Center. There’s not another program in the region that can offer this approach.”

The Nebraska Medical Center’s bone marrow and stem cell transplant program, established more than 20 years ago, has been ranked as one of the busiest adult and pediatric stem cell transplantation programs in the world.

The program has been recognized internationally for pioneering autologous transplantation for lym-

phoma, using peripheral stem cells as an alternative rescue product; conducting groundbreaking transplant studies; and performing transplants in alternate settings other than traditional inpatient hospital units.

Patients receiving care also get the best of both worlds—the clinical expertise of our academic physicians and access to cutting-edge procedures and technology through the work of researchers at the University of Nebraska Medical Center.

“Through our research, we are constantly refining our techniques to

diagnose, treat and follow patients to provide them with the most optimal care,” says Dr. Devetten.

Advancements in treating diseases such as lymphomas, leukemias and multiple myelomas have been extensive. “Twenty years ago, 20 to 30 percent of patients died from complications of an autologous transplant, compared to just 1 to 2 percent today. Transplant survival rates have also risen 40 to 50 percent.” ■

To learn about our transplant program, visit www.NebraskaMed.com.

Prevention Drugs Play Greater Role in Combating Breast Cancer

Today, more than ever, prevention is playing a more important role in reducing a woman's risk for breast cancer. Despite its prevalence—breast cancer is the most common cancer among women after nonmelanoma skin cancers—the death rates from breast cancer have been declining. Between 1990 and 2000, the incidence of new breast cancer cases decreased by 2.3 percent annually. This decrease is attributed not only to advances in diagnosis and treatment, but also to the use of new chemo-preventive drugs like tamoxifen, says Kenneth Cowan, M.D., oncologist at The Nebraska Medical Center. Tamoxifen is an antiestrogen drug that works by reducing estrogen's ability to fuel cancer growth.

For the past 30 years, women whose tumors are hormone-receptor positive, meaning their growth is accelerated by the hormones estrogen and progesterone, have been treated after surgery with tamoxifen, a drug that blocks the effects of estrogen. Studies have shown that tamoxifen reduces the risk of breast cancer recurrence in these patients; reduces the development of new cancer in the other breast; and can reduce the development of breast cancer in high-risk women who have never had breast cancer by 50 percent. Recent studies using another drug called raloxifene, indicate that this drug is as effective as tamoxifen in preventing invasive breast cancer and has fewer side effects. "This is a significant step forward in our ability to recommend chemo-prevention therapy in greater numbers of women," says Dr. Cowan.



"Breast cancer prevention through preemptive therapy is a very active area of cancer research."

For example, a new class of drugs called aromatase inhibitors has been found to be significantly more effective than tamoxifen in reducing the ability of estrogen-receptor-positive cancers to grow. Studies suggest that aromatase inhibitors could prevent 70 to 80 percent of cancer recurrences in postmenopausal women with these cancer types.

"This is a significant observation as most women will develop breast cancer later in life when they are postmenopausal," says James Talmadge, Ph.D., a research specialist at the University of Nebraska Medical Center. "These comparatively low-toxicity drugs have the potential to help 50 to 80 percent of postmenopausal women who are estrogen-receptor-positive."

Dr. Cowan runs a high-risk clinic for women with increased risk of breast cancer, including those with a strong family history of breast cancer or a previous biopsy showing atypical ductal hyperplasia or lobular carcinoma in situ, conditions that increase a woman's risk for developing breast cancer by fivefold. "Women in my clinic are considered for some of the most recent and cutting-edge strategies for cancer prevention," says Dr. Cowan.

Dr. Cowan is also working with researchers at the Eppley Cancer Center at the University of Nebraska Medical Center to study levels of estrogen in high-risk women both before and after treatment with breast cancer prevention agents to determine if high estrogen levels increase a women's risk of developing breast cancer. ■

Breast Cancer Prevention Guide

Breast cancer is a health risk every woman faces. However, making healthy lifestyle choices may provide some protection from the disease. Consider making these healthy habits a part of your lifestyle.

- **Maintain a healthy weight.** Weight gain later in life, particularly after menopause may increase your risk even more.
- **Exercise regularly.** Regular exercise can help you maintain a healthy weight and lower your risk of breast cancer. Aim for 30 minutes to one hour of aerobic exercise each day.
- **Limit fat in your diet.** Reducing the amount of fat in your diet may decrease your risk of breast cancer as well as other diseases such as diabetes, cardiovascular disease and stroke.
- **Limit alcohol.** A strong link exists between alcohol consumption and breast cancer. Limit alcohol to less than one drink a day or avoid alcohol completely.



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They seem so innocent: a cookie here, a candy bar there; but high-calorie snacks add up quickly and can quash any well-meaning diet.

So before you reach for that next handful of chips, think twice. Snack time is a great time to supplement your diet with healthy, disease-fighting foods like fruits, vegetables, whole grains and low-fat dairy products, says Brenda Bishop, medical nutritionist at The Nebraska Medical Center. And, high-fiber, high-protein foods are more likely to fill you up and keep you full than low-fiber carbohydrates and high-sugar choices. "Carbohydrates that are low in fiber will provide you

with quick energy, but they won't stay with you long," says Bishop. "Ideally, you should choose low-calorie foods that will keep you full until the next meal." Focus on total calories and think about where they are coming from. Low-fat foods are ones that have 3 grams or less per serving.

Overeating, as well as eating high-fat, high-calorie foods will make you feel fatigued and tired in the afternoon. If you are really craving sweets, think small portions, says Bishop. For instance, choose a small ice cream cone instead of a chocolate parfait, or a chocolate kiss rather than a candy bar.

To quench thirst, Bishop recom-

mends water. Avoid high-sugar beverages or high-energy drinks that pack a lot of caffeine and calories, with little or no nutritional value. Again, think about portion size. A super-size 32 oz. cola may carry as many as 500 empty calories. The next time you're having the munchies, consider these heart-healthy options:

- Fresh or canned fruit
- Whole-grain crackers or puffed rice cakes with peanut butter
- Low-fat yogurt with or without fruit
- Dried fruits
- A handful of almonds or walnuts
- Low-fat, low-salt microwave popcorn
- Fruit smoothie
- Trail mix
- Baked tortilla chips with salsa
- Hard-boiled egg
- Celery or carrot sticks with low-fat dressing
- Half a sandwich on whole wheat bread ■

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