

INFORMATION ABOUT YOUR HEALTH FROM  
THE NEBRASKA MEDICAL CENTER

# advancing health



## TOO GOOD TO MISS

Keep your schedule and health on track with this **FREE HEALTH and WELLNESS CALENDAR.**




To receive your calendar, call 800-922-0000. Hurry! Quantities are limited.

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 **THE NEBRASKA  
MEDICAL CENTER**<sup>SM</sup>  
SERIOUS MEDICINE. EXTRAORDINARY CARE.

# Safe Steps to Reduce Falls



Walker, MD, emergency medicine specialist at The Nebraska Medical Center. “As a person ages, his or her pain threshold becomes greater. That means an elderly person may experience a hip fracture due to a fall, but still may be able to walk on it without too much pain. If the fracture is treated right away, it might be easier to treat. If you wait, the break could become more serious or he or she could fall again and break something else as well.”

About half of all falls occur at home. Dr. Walker recommends the following preventive measures to reduce the incidence of falls:

## **Make Your Home Safer**

- During the winter months, keep sidewalks and steps free of snow and ice. Use salt liberally to prevent slippery walkways.
- Remove clutter that could easily be tripped over in places where you walk.
- Remove small throw rugs or use double-sided tape to prevent the rugs from slipping.
- Keep items you use frequently within reach to avoid the need to use a step stool.
- Improve lighting in the home.
- Install grab bars next to the toilet and in the tub or shower.
- Wear shoes that provide good support and have thin, nonslip soles.

## **Exercise Regularly**

Exercise can reduce the incidence of falls by making you stronger and more coordinated. Exercises that improve balance and coordination, like Tai Chi, are especially helpful for the elderly. Dr. Walker recommends a combination of weight lifting and cardio exercises.

## **Review Your Medications**

Have your doctor review all of your medications, including nonprescription meds like cold medicines, vitamins and herbal remedies. Some medicines or certain combinations of medicines can interact adversely and cause drowsiness or lightheadedness, which could lead to a fall.

## **Have Your Vision Checked**

Poor vision can increase your risk of falling. Have your eyes checked by an eye doctor regularly. Your eyeglass prescription may need to be updated or you may have a condition like glaucoma or cataracts that can limit your vision. ■

*Some medicines can interact adversely and cause drowsiness or lightheadedness which could lead to a fall.*

Falls are a serious health problem among older adults. And with winter upon us, falls become an even more frequent cause for visits to the Emergency Room. How serious is the problem? Consider these facts: more than one-third of adults age 65 and older fall each year; among older adults, falls are the leading cause of injury deaths and the most common cause of nonfatal injuries and hospital admissions for trauma; of those who fall, 20 to 30 percent suffer moderate to severe injuries that reduce mobility and independence and increase the risk for premature death.

“When an elderly person falls, if there is an injury that requires anything more than a Band-Aid® or any pain that is described as more than mild, he or she should be checked out by a medical professional,” says Richard



To take our health assessment quizzes, search health assessment at [www.NebraskaMed.com](http://www.NebraskaMed.com).

# Anti-Reflux Surgery Can Raise Quality of Life for Reflux Sufferers

Most of us have experienced an occasional episode of acid reflux. However, for more than 7 million Americans, reflux is more than just a nuisance. It can cause difficulty sleeping, greatly restrict a person's eating habits and lead to a lifelong dependency on medications. In severe cases, it can cause complications that may lead to a person's death.

"Most people will treat themselves with over-the-counter medications," says Timothy Kingston, MD, surgeon at The Nebraska Medical Center. "However, individuals who don't get relief should seek medical evaluation."

Without effective management, reflux can cause a variety of complications including severe inflammation or narrowing of the esophagus, asthma, persistent cough, choking episodes at night, chest pain, difficulty or pain when swallowing, chronic sore throat and laryngitis.

In addition, your symptoms could be a sign of something more serious such as a tumor of the esophagus or Barrett's esophagus, a precursor to esophageal cancer, says Dr. Kingston. Approximately 10 to 20 percent of patients with long-time reflux develop Barrett's esophagus.

Doctors at The Nebraska Medical Center have perfected a minimally invasive, laparoscopic anti-reflux surgery, also called Nissen fundoplication, to relieve the symptoms of reflux. "It is highly effective and provides lifelong relief in more than 90 percent of patients," says Dr. Kingston. "It also can control the progression of Barrett's disease, and in some cases may reverse the progression of cancer."

Using laparoscopic instruments, the surgeon recreates an improved valve to prevent stomach acid from escaping into the esophagus. Most patients are able to return to work within a week after the surgery and perform more strenuous work in about two weeks. "The results are immediate," notes Dr. Kingston. "Within 24 hours, these patients are eating solid foods again. When the procedure is performed by a skilled surgeon, patient satisfaction is extremely high and complication rates are very low." ■



For more information about anti-reflux surgery at The Nebraska Medical Center, go to [www.NebraskaMed.com](http://www.NebraskaMed.com).



## Renew, Refresh, Revive

Saturday, March 24, 8:30 to noon  
Happy Hollow Country Club  
1701 South 105th Street

Join  
Us!



**Keynote speaker: Paula Statman, an award-winning author, educator, psychotherapist and musical comedienne**

- Complimentary refreshments, giveaways
- Book signing at noon
- Health presentations

Take a morning to spend some time caring for your health. This day of health and wellness will include topics on health and fitness, varicose vein treatment, women and caregiving, and breast enhancement surgery. **Cost: \$25. Registration is required. Please call 800-922-0000. Registration deadline: Wednesday, March 21.**

## 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:

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

**800-922-0000**

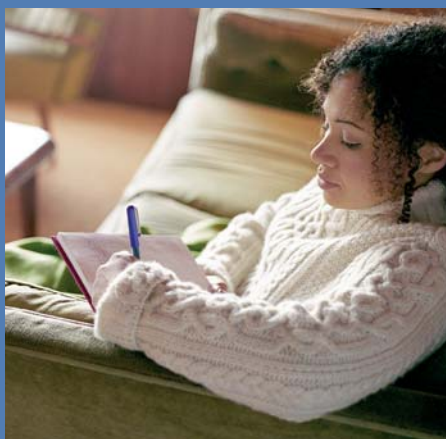
# Help for Women with Depression

Depression is a pervasive and debilitating illness that is also very treatable. Women experience depression at roughly twice the rate of men.

The Nebraska Medical Center is offering the “Insight” program to assist women in managing stress, improving self-confidence, enhancing communication, learning coping skills and establishing a network of social support. A group of five to eight women meet with a psychiatric clinical nurse specialist for two hours weekly for 15 weeks on Wednesdays, starting Jan. 31 in the Clarkson Hospital Tower, lower Storz Pavilion. “The self-knowledge gained through the ‘Insight’ program enables women to function more effectively in their daily lives,” says Debra Knop, RN, MSN, program coordinator. “Outcome data demonstrate that women who have completed the program, even up to a year later, have increased self-esteem, are more hopeful and have fewer depressive symptoms.”

The program is for women who have mild to moderate depressive symptoms, have suffered from a major depressive illness in the past or are at risk for depression.

For more information about how you can get help for depression, call 800-922-0000.



## health & wellness

### PROGRAMS

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, 9 a.m.; main gate  
Must be a zoo member to participate.

#### Third Thursday Art Encounter Club

Third Thursdays, 10:30 to 11:30 a.m.  
Jan. 18, Feb. 15, March 15  
Joslyn Art Museum  
Free to Joslyn members; H&W Club members pay museum admission. Enjoy guided tours of Joslyn’s permanent collection and special exhibitions. Jan. 18: Legends of the West: Foxley Collection, Reflections on

Literature; Feb. 15: An Imperial Chinese Screen, Myth and Mystery; March 15: An Imperial Chinese Screen, Escape to Literature

#### H&W Club Bowling League

Tuesdays, 9 a.m.  
Westlanes Bowling Alley  
151 North 72nd Street  
Fee: \$5; no reservations required

#### Book Club for Art Lovers

Meets four times annually, 10:30 a.m. to noon or 1 to 2:30 p.m.  
Tuesday, March 13:  
*Strapless* by Deborah Davis  
Free to Joslyn members; \$7 for adults; \$5 for age 62 and older. For more information, call Joslyn Art Museum at 402-342-3300.

#### Vigor Tone, Mightier Bone

An ongoing, supervised strength and weight-training class geared toward seniors. It meets on Mondays, Wednesdays and Fridays, 10 to 11 a.m., at the Student Life Center on the University of Nebraska Medical Center campus, 40th and Jones Street. For more information, please call 402-559-2030.

#### 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](http://www.NebraskaMed.com).

# Transplant Team Performs One-of-a-Kind Heart Procedure

An experienced heart transplant team is proof that you don't need to go far from home to find world-class cardiac care. This past summer, transplant surgeon Mohammed Quader, MD, performed a specialized heart procedure for what's thought to be one of the first times in North America, and possibly just the third time in the world.

Dr. Quader is director of Heart Transplantation and Ventricular Assist Device Therapy at The Nebraska Medical Center. His patient, 54-year-old Kim Lombardi of Omaha, sought help from several places, including a recent trip to a world-renowned clinic earlier this summer. There, he was told he wasn't a candidate for surgery and there was little beyond medication that anyone could do to help.

"They said to go home and get my affairs in order and enjoy what life I had left," remembers Lombardi. "It was a dark time. I was not ready to give up hope."

Back in Omaha, he learned other medical centers across the country weren't willing to help either. A referral from a local cardiologist brought him to the advanced heart failure and heart transplant program at The Nebraska Medical Center.

Lombardi had a complex case. In addition to an extremely weak heart, he had developed an aortic dissection and a dangerously large aneurysm that could rupture at any time. The location of the bulge in the upper part of the aorta, called the ascending aorta, added risk to surgery.

Dr. Quader and the heart transplant team carefully assessed the situation and decided to move forward. Lombardi was listed for a heart transplant. "He was such a wonderful, outgoing, determined individual," says Dr. Quader. "When I met him I knew I had to do something."

Just seven days later, Lombardi received a surprising phone call telling him a heart might be available. The transplant was made possible by a combination of two procedures. Dr. Quader first needed to fix the dissection. He removed the damaged part of the aorta and replaced it with a specially engineered fabric called a Hemashield

tube graft. Once the graft had been stitched into place, Dr. Quader attached the new heart. While transplantation and repairs of the aorta are considered more traditional treatments, the combination of the two—especially in one surgery—is extremely rare.

"We tell everyone it's a miracle," says Lombardi's wife, Jennifer. "God sent us to The Nebraska Medical Center. There's no doubt in my mind. All of a sudden we have a second chance at life."

A total of 17 heart transplants have been performed at The Nebraska Medical Center since late September 2005, making it the most active heart

program in Nebraska and Iowa. This also is the first time that any heart transplant program in the state has exceeded more than 12 transplants in one year. ■



**Health Assessment Tools** Confused about your cholesterol? Want to know if you're getting enough sleep? Think you know all there is to know about skin cancer or heart disease?

To take health quizzes and assessments to test your knowledge, search *health assessment* at [www.NebraskaMed.com](http://www.NebraskaMed.com).

## UPDATE

*the latest medical research*

### Diabetic Kidney Disease and Protein in the Urine

Volunteers with chronic kidney disease and protein in their urine are invited to participate in a research study. Doctors are looking at the effects of an oral drug taken one time daily in patients with chronic kidney disease and protein in their urine.

Eligibility includes:

- age 19 or older
- stable blood pressure
- history of diabetic kidney disease
- not on dialysis.

**Call The Nebraska Medical Center Clinical Trials Office at 402-922-0000.**

### 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, or 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, go to [www.amplatzer.com](http://www.amplatzer.com).**

### Anemia and Kidney Disease

Volunteers with chronic kidney disease are invited to participate in research examining the effects of an oral anemia drug taken twice a week by patients with chronic kidney disease. Eligibility includes those who are age 19 or older, 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.**



For more information about the heart program at The Nebraska Medical Center, go to [www.NebraskaMed.com](http://www.NebraskaMed.com).



# Traveling Smart Requires **Advanced**

*Are you planning an overseas trip?  
To learn more about traveling smart,  
visit [www.NebraskaMed.com](http://www.NebraskaMed.com).*

If you're planning an overseas trip, one of the best things you can do to protect your health is to begin planning early, says Mark Rupp, MD, infectious disease specialist at The Nebraska Medical Center. Ideally, you should see your doctor at least four to six weeks before your trip. Most vaccines need time to become effective and some must be given in several doses for a few weeks.

The types of vaccines you should have will depend on where you are going and what you plan to do when you get there, says Dr. Rupp. "If you are traveling to an industrialized country and staying in Westernized hotels, your routine boosters and an influenza vaccine are sufficient," he says. "However, if you're traveling to a developing country and exploring local customs and cuisine, you should consider additional vaccines and safeguards."

To begin preparing, make sure you and your family are up-to-date on routine vaccinations. These vaccines will protect you from diseases that may be rare in the United States, but are still common in many other parts of the world. This includes the second MMR (measles, mumps and rubella), and the Tdap vaccine—a new booster for adults that includes

protection from tetanus, diphtheria and pertussis.

Some common diseases for which vaccination may be recommended include Hepatitis A, Hepatitis B and typhoid fever. Hepatitis A can be contracted by ingestion of contaminated food or drink, while Hepatitis B is spread via exposure to blood or body fluids. Typhoid fever is most common in the Indian subcontinent and developing areas of Africa, Asia and South America. It is spread via contaminated food and water. Vaccinations against Hepatitis A or Typhoid fever do not protect you from the most common causes of traveler's diarrhea and careful attention to food and water safety is important. In some areas, meningococcal vaccine is recommended (sub-Saharan Africa). Rabies vaccine and vaccination against some forms of encephalitis are rarely needed except for those traveling to endemic areas with extensive outdoor activities. Prophylaxis against malaria is also recommended in many tropical areas.

The only vaccines required by International Health Regulations is yellow fever vaccination for travel in sub-Saharan Africa and tropical South America and the meningococcal vaccination



# ed Planning

required by Saudi Arabia for travel during the Hajj.

Dr. Rupp reminds travelers that no vaccine or prophylactic regimen is completely effective and travelers must use common-sense, protective measures such as using mosquito repellants; drinking only purified, boiled or bottled water; and avoiding raw fruits and vegetables unless you have peeled them yourself. Use seatbelts, don't drink and drive, make sure your auto and health insurance cover you while abroad and carry healthcare contact information. Also bring anti-diarrhea medications and a three- to five-day supply of antibiotics for traveler's diarrhea. ■

## Free Brochure

Our FREE brochure, *Healthy Travel*, provides medical tips and travelers' resources.

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



# q & a...

I've heard that problems with erectile dysfunction could be related to heart disease. Is this true?

**Eric Van De Graaf, MD, cardiologist**

If you have not been previously diagnosed with heart disease, erectile dysfunction may be one of your first warning signs that you may have atherosclerosis—a narrowing of your arteries that reduces blood flow to your heart. Atherosclerosis also can reduce blood supply to your legs, brain and penis. When atherosclerosis affects blood flow to your penis, the blood can't adequately fill the penis to allow for a suitable erection. And the same factors that increase your risk for coronary artery disease also raise your risk for atherosclerosis in the arteries of your penis. Another link is the connection with depression, which often affects men with heart disease. Both depression and some of the medications used to treat depression can lead to erectile dysfunction. Some medications used to treat cardiovascular disease also may make you more likely to develop erectile dysfunction, including high blood pressure medications and diuretics. The good news is that making some simple lifestyle changes to treat cardiovascular risk factors also may resolve your problem with erectile dysfunction.



Several days before my period begins, I often experience depression and mental confusion. What is causing these symptoms?

**Jennifer Griffin, MD, obstetrician/gynecologist**

These symptoms may be linked to a condition known as premenstrual dysphoric disorder (PMDD)—a condition experienced by up to 8 percent of menstruating women. While about 75 percent of women will experience mild to moderate symptoms related to their menstrual cycle, referred to as premenstrual syndrome (PMS), PMDD involves severe and sometimes disabling symptoms. PMDD symptoms usually occur the week before your period and improve within a few days after menstruation begins.

Typical symptoms of PMDD include: sadness or depression, anxiety, mood swings, irritability, fatigue, a feeling of being overwhelmed, flu-like symptoms marked by muscle aches, headaches, joint pain, and changes in sleep patterns and appetite.

First-line therapy for PMDD often involves antidepressant medications. Moderate exercise and a healthy diet also are important treatment components as well as decreasing caffeine, nutritional supplements such as a multivitamin and calcium, an anti-inflammatory pain reliever to relieve premenstrual aches and pains and oral contraceptives for symptom relief.

**Need a PHYSICIAN REFERRAL?**

Call us at **800-922-0000** or visit  
**www.NebraskaMed.com.**



## Getting a Handle on Headaches

**A**lmost everyone experiences a headache now and then. In fact, Americans stand a 70 percent chance of developing a tension headache at some point in their lives. The key to getting relief is avoiding the tendency to overmedicate and knowing when to seek medical evaluation and treatment, says Angie Rakes, MD, pain and headache specialist at The Nebraska Medical Center.

Tension headaches, the most common type of headache, generally produce a diffuse, usually mild-to-moderate pain over your forehead. It is not

clear what causes tension headaches, but most people can get relief from acetaminophen or ibuprofen.

If your headaches begin to occur more frequently, you could have other issues going on. For instance, individuals who take over-the-counter medications on a regular basis may experience rebound headaches as well as develop toxicities in the liver and kidneys, says Dr. Rakes. “When the problem becomes chronic, the body generates a map to pain that is difficult to break,” she says. “The pain receptors change and what might have been a problem that could have

been treated very easily now becomes much more complicated.”

Headaches that come on severely and suddenly or those that occur more frequently also may be related to a secondary cause like trauma, infection, tumor, vascular abnormality or electrolyte abnormality, and should be evaluated by a physician.

Migraine headaches, one of the most severe forms of headaches, occur in approximately 16 percent of the population. Although there is still no cure, the right medications can help reduce the frequency of migraines and the pain associated with them, says Dr. Rakes. Migraines often cause severe throbbing on one side of the head and also may cause vomiting, nausea and sensitivity to light and sound. Today, preventive medications can eliminate a migraine if taken at the first sign of its onset.

Even more painful and debilitating than migraines are cluster headaches. Cluster headaches are three times more common in men than in women, come in groups and usually attack on the same side of the head behind the eye. Cluster headaches usually last anywhere from 15 minutes to two hours and are often accompanied by a runny nose or eyes. In some cases, cluster headaches will become chronic. “There are preventive medications that can be taken daily or when the pain starts that are fairly effective at providing relief,” says Dr. Rakes.

The key to managing headaches is not to ignore them, says Dr. Rakes. Seek medical evaluation and treatment if they continue to occur. ■

### Relief for Chronic Pain

Chronic pain is more treatable than ever before. Advances in medications and new therapies are providing relief for many types of pain that may have been considered untreatable in the past. The Nebraska Medical Center's Pain Clinic, the most comprehensive pain clinic in the region, is dedicated to treating all types of pain, acute or chronic.

“Many people suffer for years with chronic pain because they haven't received the right treatment or they've been led to believe it is not treatable,” says Angie Rakes, MD, pain and headache specialist at The Pain Clinic, located at Clarkson West Medical Center on the southwest corner of 144th and West Center Road. “Pain management has advanced greatly in the last five years. We have so many new medications and treatment options that no one should have to suffer from disabling, chronic pain anymore.”

The Pain Clinic will help you find the right medications or a combination of therapies that can provide the most effective, long-lasting relief. The Pain Clinic uses a comprehensive and multidisciplinary approach to pain management that attacks pain from many fronts and uses some of the most cutting-edge techniques and therapies.



#### FREE BROCHURE

Our FREE brochure offers strategies for coping with migraines and tension headaches. To order your copy, please call **800-922-0000**.



For more information about the pain and headache clinic at The Nebraska Medical Center, go to [www.NebraskaMed.com](http://www.NebraskaMed.com).

# Stroke and Sleep Apnea: A Deadly Combination

**S**troke, the third major cause of death and a leading cause of disability among adults, is increasingly on our medical radar. Now medical experts have found another potential link to this debilitating disease. Recent research indicates that elderly people with severe sleep apnea have more than twice the risk for ischemic stroke than elderly people with no or mild apnea.

Ischemic stroke is damage to the brain caused by a blood clot that blocks blood flow in one of the blood vessels. While about half of people with sleep apnea develop high blood pressure, which raises the risk for heart failure and stroke, it appears that sleep apnea's impact is even greater on elderly individuals, regardless of whether they have high blood pressure. Although stroke is a disease of the brain, the effects of stroke can harm the entire body, causing paralysis, cognitive deficits, speech problems, emotional difficulties, daily living problems and pain.

"The relationship between sleep apnea and stroke is very complex and still unclear, but it appears to be related to two factors," says Pierre Fayad, MD, neurologist and medical director of the only nationally certified stroke center in the state. "One particular mechanism is that low oxygen values may precipitate the production of more red blood cells which thickens the blood, increasing the risk of clotting. In addition, when someone has a stroke, he or she often



experiences difficulty swallowing and impairment of palate muscles. This can lead to breathing problems and sleep apnea."

Sleep apnea, which is two to three times more common in the elderly compared to middle-aged people, is a potentially serious sleep disorder in which breathing repeatedly starts and stops during sleep. However, typical symptoms of sleep apnea, such as loud snoring, repeated interruptions of breathing and excessive sleepiness during the day, are less prevalent in the elderly compared to middle-aged people. "While we should still be

aware of these symptoms, we should also pay more attention to the presence of repetitive breathing pauses during sleep," notes Dr. Fayad.

Individuals with sleep apnea tend to be overweight, may have a large neck circumference, a narrow throat and/or a family history of sleep apnea. It is twice as common in men as in women. Individuals with suspected sleep apnea should be evaluated by their doctor, says Dr. Fayad. Getting treatment will not eliminate all of your risk factors for stroke, but it may reduce your risk. ■

**nationally  
certified  
stroke center**

The Nebraska Medical Center's stroke program has received the "Gold Seal of Approval" from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) making it the first and only nationally certified stroke center in Nebraska.

"We are delighted that our stroke center is making a difference in the lives of Nebraskans and Midlanders and leading the way in the battle against stroke in our area," says Pierre Fayad, MD, chairman of neurological sciences at UNMC and director of the Stroke Center. "It is a great achievement for us and great news to stroke patients, their families and physicians. It demonstrates everyone's commitment to excellence in treating and caring for stroke patients."

The stroke team at The Nebraska Medical Center is available to help patients seven days a week, 24 hours a day. The goal is to treat patients as soon as possible after the onset of stroke symptoms. The stroke center team is specially trained to use a well-defined, systematic approach to the care and treatment of stroke patients to achieve optimal results. Research demonstrates that patients who are treated within a few hours of an acute stroke using specialized treatments and medications, at the hands of a dedicated and coordinated team of physicians and health providers, experience the most positive outcomes.



For more information about the stroke center at The Nebraska Medical Center, go to [www.NebraskaMed.com](http://www.NebraskaMed.com).

## q&a: Breast Cancer

*an interview with Susan Kambhu, MD, hematologist and oncologist*

**Q:** I had my baseline mammography done at age 40. Do I really need to have a mammogram done every year?

**A:** Mammograms are still the best screening tool for detecting breast cancer. A lump may develop at any time and may not have been large enough to show up on a mammogram the first time. Annual mammograms allow doctors to detect a lump in its earliest stages when it is 90 to 95 percent curable. In addition, while physical breast exams are still an important part of breast cancer prevention and can sometimes detect a tumor that is not seen on a mammogram, mammography may detect a

tumor up to two years before you might feel a lump.

**Q:** I've heard that oral contraceptives can increase my risk for breast cancer. Should I switch to something else?

**A:** Studies have shown that long-term use of oral contraceptives can slightly increase your risk of developing breast cancer. My advice is that you discontinue use when you feel comfortable switching to an alternative method. If you have a family history of breast cancer, you may want to consider limiting use to a few years or avoiding the use of hormonal contraceptives completely.

**Q:** What are the latest recommendations regarding the use of postmenopausal hormonal therapy for treatment of menopausal symptoms?

**A:** The Women's Health Initiative study, sponsored by the National Institutes of Health, reported a slight increase in the risk for breast cancer with prolonged use of estrogen/progesterone hormonal therapy. Most doctors agree that women who experience severe and sudden menopausal symptoms, common after a hysterectomy, should be treated with estrogen therapy, but in smaller doses and for shorter durations. The same advice applies to women who require combined estrogen/progesterone therapy.

Your personal health history and individual symptoms should be discussed with your physician, and together you can make a decision that you feel comfortable with. If you have a known hormone-sensitive breast cancer or you are a breast cancer survivor, you should avoid the use of hormonal therapy, which might feed the cancer.

**Q:** I've heard about a type of breast cancer that usually doesn't appear in lump form and actually may look like a rash. How common is this type of breast cancer?

**A:** The cancer you are describing is called inflammatory breast cancer and is actually fairly uncommon. Many women who have inflammatory breast cancer don't present with palpable lumps. Instead, the breast often appears red and blotchy, like a bad rash or infection. Inflammatory breast cancer may not be recognized initially because it is rare and it presents with different symptoms than typical breast cancer. Because of its appearance, it is often confused with a more common breast infection called mastitis. An initial brief attempt may be made to treat it with an antibiotic while additional tests are being obtained. If it doesn't respond, you should have a biopsy performed.

**Q:** What is the latest word on breast implants? Will they actually increase my risk of developing breast cancer?

**A:** Although there was much debate regarding silicone implants and their association with the development of breast cancer, silicone implants were never proven to increase a woman's risk for breast cancer. Today, most women have saline implants. These implants will not increase your risk of developing breast cancer and, when placed properly during a mammography exam, they should not affect the ability to detect breast cancer.

### CANCER SUPPORT FOR YOU

Cancer support groups can provide knowledge, hope, support and inspiration. To find out more about our cancer support groups, visit [www.NebraskaMed.com](http://www.NebraskaMed.com).



# New Technology Improves Outcomes for Prostate Cancer Patients

It's the most common cause of non-skin cancer among men and is the second-leading cause of death after lung cancer. But the good news is that improved technology in surgery, imaging techniques and targeted radiation therapy is continually improving the long-term outlook for men with prostate cancer. "In men with localized prostate cancer, cure rates now surpass 80 to 90 percent," says Charles Enke, MD, radiation oncologist at The Nebraska Medical Center.

One of the most advanced treatment options available for prostate cancer is a new radiation targeting tool called the Calypso targeting device. The Nebraska Medical Center was one of five sites in the country that participated in a pivotal clinical trial that led to FDA approval of Calypso.

Calypso provides several advantages over other targeting systems in use today, including quicker localization of the tumor as well as the elimination of subjectivity during targeting. It is the only FDA-approved targeting technology that can track the prostate position in real time as the 10- to 15-minute radiation treatment is being delivered. The targeting tool relies on electromagnetic "beacons" to localize the prostate, which provides more exact tracking of the prostate and accounts for slight movements before and during treatment. Working much like a global positioning device, the implanted beacons emit individualized radiofrequency signals which



triangulate the position of the prostate during treatment. This allows for correction during treatment due to any prostate movement.

"We expect Calypso to result in improved cure rates and decreased side effects for men with prostate cancer," says Dr. Enke.

The Nebraska Medical Center also plans to participate in a clinical trial that will evaluate the administration of increasing radiation dosages while reducing the number of treatments from 40 to 26 and the total treatment interval from eight weeks to five

weeks. "There is evidence that this approach may further improve the cure rates for prostate cancer," says Dr. Enke.

Screening for prostate cancer should begin by age 50. Men should receive the PSA test in combination with a digital physical rectal exam to be effectively screened for prostate cancer, notes Dr. Enke. Because prostate cancer usually doesn't produce symptoms in its early stages, screening is particularly important. High-risk individuals should begin screenings by age 45. ■

## Cervical Cancer Vaccine Expected to Save Lives

A new vaccine that prevents infections from four strains of the sexually transmitted human papillomavirus, or HPV, has the potential to protect many young women from developing the often lethal cervical cancer.

"Cervical cancers are some of the most painful cancers," says Steven Remmenga, MD, gynecological oncologist at The Nebraska Medical Center. "It eventually spreads into the nerves, pelvis area and anus and can cause excruciating pain. When it recurs, it's almost always fatal."

The American Cancer Society projects 9,710 new cases of cervical cancer in 2006 and 3,700 deaths. HPV also is associated with vulvular, anal, penile, oral, head and neck cancers.

The new vaccine, called Gardasil, was approved last June for use in girls as young as 9 and up to age 26. It is estimated that 70 percent or more of the population is infected with HPV, which is responsible for 95 to 98 percent of all cervical cancers. The vaccine protects against the two strains associated with cervical cancer and two strains that cause genital warts. The vaccine is recommended for administration before girls become sexually active.

Dr. Remmenga also recommends an annual Pap smear, which has helped reduce the death rate due to cervical cancer significantly in this country. "About 50 percent of women who present with cervical cancer have never had a Pap smear," says Dr. Remmenga.



### Learn more

To order our FREE brochure, *HPV: Common Infection, Common Reality*, please call 800-922-0000.



To learn more about prostate cancer and treatment options, go to [www.NebraskaMed.com](http://www.NebraskaMed.com).

## Take Charge of Your Health!

### DON'T MISS OUT!

The Nebraska Medical Center is offering the following health information resources free of charge.

To receive your free information, call us at 800-922-0000.

- Health and Wellness calendar
- Travel Smart brochure
- Migraine and Tension Headache brochure
- HPV brochure
- High-Fiber Diet brochure

## Another Extraordinary Award

For the second consecutive year, The Nebraska Medical Center is being recognized for our extraordinary patient care. Based on the opinion of our inpatients, The Nebraska Medical Center has been designated as a Distinguished Hospital for Service Excellence.

The Nebraska Medical Center joins a select group of hospitals nationwide that have demonstrated the ability to consistently deliver "An Outstanding Patient Experience."



# A Little Fiber for a Little Regularity

Problems with regularity? Unfortunately, as we get older, our bodies often don't function as efficiently as they once did. A few common-sense lifestyle changes, including eating high-fiber foods, getting more exercise and drinking plenty of water, can go a long way toward preventing or alleviating many cases of constipation, says Nessie Ferguson, medical nutrition therapist at The Nebraska Medical Center.

Fiber moves quickly and relatively easily through your digestive tract and helps it function properly. Fibers such as whole grains haven't had their bran and germ removed, making them better sources of fiber—the part your body doesn't digest—and important sources of nutrients, such as selenium, potassium and magnesium. A high-fiber diet has other benefits, including helping to lower your risk for heart disease, cancer and diabetes as well as disorders such as hemorrhoids, irritable bowel syndrome and diverticular disease.

There are two types of fiber, soluble and insoluble. Soluble fibers are found in oats, beans, fruits and vegetables and can lower your cholesterol and reduce your risk for heart disease. Insoluble fibers can help relieve constipation and include whole grains



### HIGH-FIBER DIET

To order our FREE brochure, *High-Fiber Diet*, please call 800-922-0000.

such as bran, wheat and flaxseed. Whole grains also may reduce your risk for certain cancers like colon cancer because they help clear the digestive track more effectively.

The recommended amount of daily fiber is up to 38 grams for men and up to 25 grams for women. It is estimated that half of Americans don't meet these goals, says Ferguson. When adding more fiber to your diet, the key is to add it gradually—about an additional 5 grams a week. Otherwise, you may experience bloating or stomach pains. You also should add more water to your diet; otherwise, adding more fiber could

make your constipation worse. Ferguson recommends getting 2 cups of fruit and two and one-half cups of vegetables daily as well.

Using a fiber supplement, such as oat bran, Metamucil®, Konsyl® or Citrucel® also is an option. These natural supplements help make stools softer and are safe to use every day. However, by using supplements, you forgo the nutritional benefits you receive when eating high-fiber foods, says Ferguson.

Ferguson suggests the following tips for adding more fiber to your diet: include more beans and legumes in your diet; choose whole-grain versions of bread and pastas; use wheat flour when baking; add ground flaxseed or wheat germ to pancakes for a nutty taste and higher nutrition; top yogurt with dried or fresh fruit; choose popcorn, peanuts and dried fruits for snacks; and eat fruits and vegetables with the peel on them. ■

advancing health

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