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SUMMER 2019

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no matter your age

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has figured out what works for him
after years of struggling to lose weight

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The Oaks Feels
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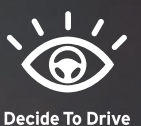


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Robot-assisted surgery offers more precision and quicker recovery.

ALWAYS HERE

No matter your needs, Willis-Knighton has services to keep you healthy and enjoying life



Summer comes all too quickly in Louisiana.

It has been a particularly beautiful spring at The Oaks of Louisiana, and I suspect that there are plenty of people in the North who would have enjoyed living here during their frozen, snowy winters. Many Northerners fly south for the winter, and we're fortunate that we don't have cold weather to push us away. Residents at The Oaks of Louisiana have a vacation-style atmosphere 365 days of the year. Read Terrie Roberts' story on page 49 to get a taste of what a "staycation" at The Oaks could look like for you, too.

The Oaks of Louisiana is just one of the services that is unique to Willis-Knighton Health System. Another, which has seen a surge of popularity in recent years, is the physician network concept. When we developed the Willis-Knighton Physician Network, we were responding to doctors who were interested in help running their offices so they could focus their attention on caring for their patients.

Although we certainly value the independent physicians who practice at Willis-Knighton, we are especially proud of the growth and success of the physician network, which today includes more than 500 doctors, nurses and physician assistants—all of whom are providing care in our community. Read Darrell Rebouche's story about our network on page 52.

We who work in healthcare understand that most people don't necessarily want the services we offer. For instance, we are proud of our advanced heart care and cancer services, but we know that nobody wants to have a heart attack or cancer. The good news is that when any kind of healthcare is needed, we are committed to offering exceptional technology and services to help our patients feel better and get home quickly. That's certainly the case with robotic surgery. We have seven da Vinci Surgical Systems, while most hospitals are fortunate to have one. Why seven? This helps assure that this service is available to you no matter which WK hospital you choose, not to mention that we know you want the advanced precision, quicker recovery and smaller incisions it offers. Read Marilyn Joiner's story about robotic surgery on page 54.

And remember, no matter your healthcare need, Willis-Knighton is always here for you.

James K. Elrod
President and CEO



VIM & VIGOR

PRESIDENT AND CEO, WILLIS-KNIGHTON HEALTH SYSTEM

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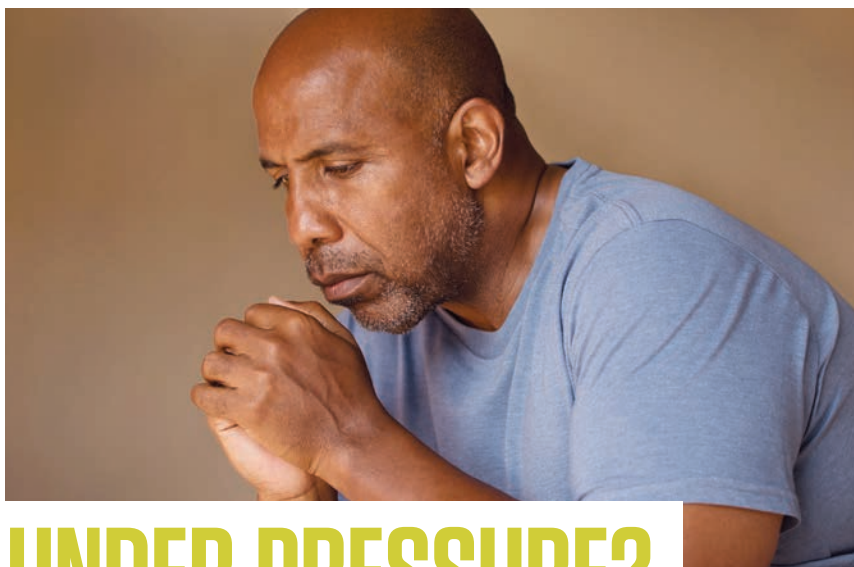
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UNDER PRESSURE?

Chronic stress can take a toll on your physical health. Try these strategies to decompress



Stress can turn a bright, sunny day dark and stormy, or make a beautiful symphony seem like fingernails on a chalkboard. It creeps into our lives and negatively affects every aspect of our well-being.

Any time we encounter a stressful situation, stress hormones are released. These hormones aren't harmful if they are temporary—but they can be harmful if the stress is chronic.

Acute stress can invoke the sympathetic nervous system, which triggers the body's fight-or-flight response to stress and can be helpful in getting us out of tough situations, such as avoiding a car wreck.

Meanwhile, chronic stress can physically and mentally break a person down over time. Eliminating chronic stress might not be as quick as avoiding a car wreck, but how we react and handle stressful situations over time can help manage it.

One way to aid in this is through deep relaxation and meditation. Research shows meditation can help increase brain function in areas associated with learning, memory processing and emotional regulation. It can also lengthen telomeres, which are chromosomes that affect aging. Meditation can be as simple as putting down the smartphone, turning off the TV, quieting your mind and focusing on the present instead of agonizing over the future or past.

Creating a space in your home that is conducive to relaxation can also be key in developing a daily stress-management routine.

In addition to general meditation, be aware of stress signals and spend some quiet time processing sources of stress and anxiety.

And adequate sleep—about 7 to 9 hours of uninterrupted sleep each night—might be the ultimate stress-management tool. According to the

Holly Sanders



National Sleep Foundation, “we sleep to build and repair cells after all the wear and tear we experience each day.” Sleep also helps with assimilating new information that we are presented with each day. Lack of quality sleep affects our ability to deal with stress, which then affects our ability to rest and get the sleep we need. It becomes a vicious cycle.

Another great stress-reliever: working out. Exercise improves overall health and can also be a stress reliever. Many people think exercises such as yoga and tai chi are the stress-reducing exercises. Although this is true, virtually any form of exercise can be a vital key to stress management.

Managing stress is something that requires intentionality. We can't assume stress will manage itself, and we'll begin to feel better. “If you feel stressed, then you are stressed. If you don't feel stressed, then you're not stressed,” says Dean Ornish, MD. Our outlook will affect our stress levels, which in turn will affect our physical health. Your body affects your mind just as your mind affects your body. ■

CALL



Learn How to Deal with Stress

Willis-Knighton Fitness centers offers a stress management class that will teach you how to be intentional about reducing stress. Call **318-212-4475** for more information.

BACK in Business

Practice these habits for a healthy, ache-free back

If you're like most people, you probably take regular action to maintain good health: taking vitamins, using sunscreen or visiting your doctor for an annual exam. But what have you done lately for your back?

A recent study from the National Institutes of Health shows that more than a quarter of adults reported low-back pain during the previous three months.

So, what can you do to support a healthy back?

Oner Khera, MD, of WK Spine Clinic at WK Pierremont Health Center, recommends daily physical activity, including cardio workouts and resistance weight training at least three times a week. "Not only will that help improve your overall general health, but it will also help to condition and strengthen your back and core muscles," he says. Dr. Khera also recommends swimming, aquatic physical therapy and yoga as activities with excellent benefits for your back and core muscles.

"Avoiding tobacco and other nicotine products will also help you maintain good back health, since those products can cause deterioration of your intervertebral disks," he says.

Back pain can be the result of an accident, a condition such as arthritis, lifting something that's heavy or a sedentary lifestyle. If you have back pain that doesn't go away, check with your doctor or a spine specialist.



BY THE NUMBERS



**Willis-Knighton
offers care whenever
and wherever you
need it most**

10

CT SCANNERS

.....

8

MRIS

.....

6

3D MAMMOGRAPHY UNITS

.....

3

LINEAR ACCELERATORS

UPCOMING EVENTS

“HYDRATE FOR HEALTH”



The hottest months of the summer are upon us, and the danger of dehydration is real. Children and older adults are more sus-

ceptible to becoming quickly dehydrated, as well as becoming victims of heatstroke. These problems, however, are completely preventable.

Michelle Self, MD, will discuss ways to prevent the common problems associated with the extreme temperatures of summer months. Learn the signs and symptoms of dehydration and heatstrokes and how to properly respond in the event you see these signs in your loved ones.

“Hydrate for Health” is Wednesday, June 19, at 5:30 p.m. in the Tower at The Oaks Ballroom. Please join us for this important and informative discussion. Register online at wkhs.com (click “Classes & Events”) or by phone at 318-212-8225.



“BRINGING THE GARDEN TO YOUR TABLE”



Summer brings lots of fresh vegetables and herbs to your garden, local farmers markets and grocery stores. But have you wondered how to make the best out of all these beautiful delights?

Willis-Knighton registered dietitian Julie Hartley will share some of the best and easiest ways to harness the flavor and health benefits of the seasonal vegetables available this time of year.

“Bringing the Garden to Your Table” is Wednesday, July 17, at 5:30 p.m. in Tower at The Oaks Ballroom. Please join us for this enlightening and fun presentation. Register online at wkhs.com (click “Classes & Events”) or by phone at 318-212-8225.





Nina Russell, left, and Jean Galloway fill shoeboxes with toys for underprivileged children.

VOLUNTEERING TOGETHER

Residents at The Oaks give their time to benefit the community and world



Nina Russell chooses her words carefully as she writes sentiments on the inside of cards to be sent to U.S. service members stationed overseas. Recognizing that those in the military like to be reminded of the difference their service is making, Russell offers words of encouragement and thanks for the sacrifices being made.

The cards, an Omega Alpha Kappa (OAK) service project, no doubt brighten up the day of deployed military personnel who receive them, but they also stir up treasured memories and emotions for Russell. Her late husband, Gerald, was a career serviceman

in the U.S. Army. He passed away in July 2011.

Volunteering has always been part of Russell's life, whether at her church or children's schools. When The Oaks of Louisiana's first official service fraternity—OAK—was organized, Russell didn't hesitate to join. "Volunteering is a meaningful and rewarding way to help others," she says.

The Oak fraternity ensures residents maintain relationships with the community outside the perimeters of The Oaks. It's important that when

individuals retire to a community like The Oaks that they do not lose touch with the world outside.

Research shows that people who engage in volunteering activities have a greater sense of purpose and accomplishment and feel less isolation and depression.

Besides sending cards to soldiers, OAK volunteers have packed shoeboxes for underprivileged children, promoted a toy and supply drive for Children of Vietnam, and sewn. Members also continue their work helping local nonprofits, such as Volunteers of America, Meals on Wheels and religious groups.

The enthusiasm this group has for their purpose is moving. Organizers say it is great when individuals from different backgrounds, with different strengths and varied opinions, come together for the common good of others.

Seeing people do just because it is the right thing to do sets examples for subsequent generations. ■

Nina Russell, left, receives her OAK fraternity pin from the Rev. Andrew Comeaux as fellow OAK member Nancy Erwin looks on.



SUMMERTIME SPECIALTIES

Light, fresh and easy, these seasonal favorites will add delight to any menu

Summertime Vegetable Soup

INGREDIENTS

1 stick butter
1 jumbo red onion, diced
5 cloves garlic, minced
1 tablespoon each salt and pepper
2 zucchinis, seeded and diced
1 yellow squash, seeded and diced
2 cups frozen peas
3 carrots peeled and diced
1 bunch fresh spinach
1 pound asparagus cut into ¼-inch pieces
2 cups frozen corn
1 large can diced tomatoes
8 cups chicken broth
Water as needed
2 tablespoons chopped fresh dill
3 tablespoons chopped fresh rosemary
3 tablespoons chopped fresh oregano
8 red potatoes, quartered

INSTRUCTIONS

Melt the butter in pot on medium heat. Add onion, garlic, salt and pepper. Sauté until onions are translucent. Add remaining vegetables and sauté roughly 10 to 12 minutes on medium-high heat. Add diced tomatoes and pour chicken broth into mixture. Make sure to add enough water so that vegetables are submerged. Stir in herbs and potatoes. Simmer until potatoes are soft.

Yield: 6 servings

Recipe submitted by Cameron Wallace and Billy Wiethaupt, chefs at The Oaks of Louisiana



Summer Fish Taco Salad

INGREDIENTS

1 pound fish of choice, such as cod or halibut
1 tablespoon cumin
1 teaspoon chili powder
Sea salt to taste
½ teaspoon black pepper
3 cloves garlic, minced
2 tablespoons avocado oil
2 limes
1 orange
1 tablespoon raw local honey
4 to 6 cups mixed salad greens
½ red onion, chopped
2 plum tomatoes, chopped
¼ cup cilantro, chopped
Optional: sliced avocado, low-fat sour cream or Greek yogurt and salsa

INSTRUCTIONS

Sprinkle both sides of fish with cumin, chili powder, salt, pepper and garlic. Heat avocado oil in skillet on medium. Add fish and cook until flaky and white through the middle.

Once fish is cooked, remove from heat and squeeze the juice of one lime and orange over the fish. Drizzle with honey and let rest.

Place a 3- to 4-ounce piece of fish on a bed of salad greens with desired amounts of onion, tomatoes, cilantro and optional garnishes of avocado, sour cream and salsa. Squeeze juice of orange and second lime over top of salad.

Yield: 4 servings

Recipe submitted by Julie Hartley, RD, LDN, WK Diabetes & Nutrition Center



MANAGEMENT PROFILE

Pushing Radiation Services Forward

Terry Wu, PhD, is unassuming, friendly, and one of the most intelligent people you will ever meet.

Dr. Wu is the chief of medical physics at Willis-Knighton Cancer Center and is in charge of the physicists who plan radiation therapy for cancer patients. He also oversees a prestigious medical physics residency program.

In 1997, Dr. Wu came to Shreveport from Johns Hopkins University School of Medicine and has played a vital role in building one of the most innovative and technologically advanced radiation oncology centers in the nation.

Dr. Wu made the move to Willis-Knighton because he recognized the health system's long-term vision to provide world-class cancer treatment.

"Everything we do here is cutting-edge," he says. "We compete with the most well-known cancer centers in the United States: Johns Hopkins, UPenn, Memorial Sloan Kettering. We're not operating as a community hospital. Everything we do here is world class. Other sites are using our treatment protocols as their standard. We are the front-runners in radiation therapy. It's happening in Shreveport."



WK EMPLOYEES

A Flight to Remember

A leisurely Las Vegas weekend took an unanticipated turn when Lavonda Jacobs was flying home to Shreveport. The flight crew asked for medical personnel, and Jacobs, a registered nurse at Willis-Knighton Health System, responded.

Flight attendants rushed her to the back of the plane, where a man was lying in the galley, unconscious and non-responsive. She quickly assessed the patient and determined he was having a diabetic emergency.

Another passenger, a pharmacist, helped flight attendants look through the medications and equipment available in the plane's emergency kit. Jacobs was given a glucometer, and she used it to confirm her suspicion that the man's blood sugar was too high. A traveling companion confirmed the man had diabetes, so Jacobs treated him appropriately with insulin and oxygen and then watched over him for more than an hour and a half until the plane landed. The flight crew was able to communicate with a physician on the ground, who helped Jacobs make treatment decisions along the way.

The grateful man contacted her days later to assure her he was doing well.

Jacobs came away from the experience eager to give all travelers advice: "Make sure you have your medicine!" Here's to everyday heroes like Lavonda Jacobs.

The Aging Issue

Ready to enjoy the adventures ahead.

NOW IS THE TIME



Our later years can be an opportunity for good health

The unofficial age for being labeled a “senior citizen” has long been 65. But today, many people who reach that number are defying the stereotypes so often associated with old age. In some cases, they’re feeling better than ever.

Why not be one of them? No matter your age, there’s still time to get healthy.

1950

People who reached age 65 could expect to live an additional

13.9 years

1980

People who reached age 65 could expect to live an additional

16.4 years

2000

People who reached age 65 could expect to live an additional

17.6 years

2016

People who reached age 65 could expect to live an additional

19.4 years

Ready to learn more about getting and staying well? **Read on** ➔

Source: Centers for Disease Control and Prevention

You Can't Keep a Goodman Down

Weight loss can be a roller coaster, as this legendary actor can attest. But it's never too late in life to change your habits and improve your health **BY ALLISON THOMAS**

PHOTO BY MATTHIAS CLAMER/GETTY



In his 35-year career in film and television, John Goodman has

played just about every type of role imaginable. He's been a congressman (*The West Wing*), a cartoon monster (*Monsters, Inc.*), a tantrum-throwing bowler (*The Big Lebowski*) and Fred Flintstone. But most of us know him best as Dan Conner, lovable dad for 10 seasons on *Roseanne* and currently reprising the role in its latest incarnation, *The Conners*.

Even after all of his success, in many ways Goodman, 66, is an everyman. And perhaps nowhere is this more evident than in his struggles with weight. While the number on his scale fluctuated over the years, when he hit 400 pounds, Goodman embarked on a journey that would enable him to lose more than 100 pounds.

Goodman's struggle with weight is one many Americans can relate to. In 1986, 1 in 200 American adults was morbidly obese (defined as a body mass index of 40 or higher). By 2004, the number had skyrocketed to 1 in 50. Today it's 1 in 5.

Although his weight has fluctuated for decades—and even in recent years—Goodman is proof that you can keep striving to make healthy changes later in life. As he works to steadily take off the weight and get healthy, we'll share lessons he has learned on his weight-loss journey that you can apply to yours.

Don't Go to Extremes

If you've ever watched *The Biggest Loser*, you already know extreme dieting can yield extreme weight loss. But this generally isn't the best strategy for sustained success. Rahaf Al Bochi, RDN, dietitian and media spokeswoman for the Academy of Nutrition and Dietetics, recommends flipping the script on traditional ideas about dieting.

"A lot of times when we try to lose weight, we automatically think about what we can eliminate from our diet right away. But what about changing

the focus to what you can add to your diet—vegetables, fruit, whole grains, lean protein?" It's a more positive approach," she says. "And restricting foods and food groups can lead to feelings of deprivation and possibly bingeing on those foods later, and emotional eating."

Goodman knows this well from experience.

"I used to go on these diets, take three months and lose about 60 to 70 pounds, feel great and reward myself with crapola: Twinkies look good," he told Howard Stern in 2016. But this time, it was different. "I took it slow. I just wanted to change my lifestyle."

To do that, he gave up alcohol and restricted his sugar intake. He now follows a Mediterranean-style eating plan that makes room for healthy foods like fruits and vegetables, fish and other seafood, nuts, legumes and whole grains.

Get Real About Portions

Eating healthy foods is only part of the weight-loss equation. Knowing when to say when is a skill in and of itself, and it's one that Goodman focused on.

"I decided to stop stuffing food into my mouth every five minutes," he told Stern. "Turns out I was just eating all the time. Anytime I had my hands open or free, I shoved something in my mouth."

To help keep portions in check, Al Bochi recommends dividing your plate into quarters.

"Half of your plate is for veggies, one-quarter is for starchy vegetables and grains, and one-quarter is for protein," she says. "And plate your food, then store leftovers right away; don't bring the pot to the table."

She encourages her clients to do the same at restaurants. "Since meals eaten out are typically very large, ask for a takeout container and store leftovers for lunch the next day," she says.

7 Things you probably didn't know about John Goodman



- 1 He's originally from St. Louis and is a huge fan of Cardinals baseball.
- 2 He's an avid fisherman and golfer.
- 3 He studied drama at Missouri State University with actresses Kathleen Turner and Tess Harper, and he was friends with Bruce Willis back when they were both struggling actors.
- 4 He hasn't been nominated for an Oscar, but he's appeared in three films nominated for best picture: *Extremely Loud & Incredibly Close*, *The Artist* and *Argo*.
- 5 Playing Babe Ruth in 1992's *The Babe* required him to lose weight.
- 6 He says *The Big Lebowski* is his favorite project that he's worked on.
- 7 Dan Conner was No. 13 on *TV Guide*'s list of the "50 Greatest TV Dads of All Time."

Source: IMDb

Find Fitness That Fits

Having a consistent exercise routine is critical to sustained weight loss. Goodman worked with fitness expert and author Mackie Shilstone, whom he met in his adopted home city of New Orleans, to create his program. Shilstone, who also trains tennis legend Serena Williams, helped Goodman set up a routine he could stick with, working out at a boxing gym when he was in town and exercising at home on his elliptical machine and recumbent bike. The goal was to gradually increase his heart rate to maximize weight loss.

But you don't need a celebrity salary to get fit. Goodman also used low-cost resistance bands for strength training.

"It's important to have the right workout structure, something that fits your lifestyle," Shilstone says. "Resistance bands are great because they're convenient and easy to use at home or travel with." They're also relatively inexpensive: You can pick up a set for \$20 or less online.

And Goodman's workouts have brought benefits beyond weight loss.

"I'm getting to the age where I can't afford to sit still anymore, and it gives me the energy to work, because work is very draining," he told film critic Peter Travers in 2016.

Stay Strong

Like losing your keys and forgetting where you parked, muscle loss seems to be a natural part of aging. In fact, you can lose up to 5 percent per decade after age 30, and most men lose about 30 percent of their muscle mass throughout their lives.

"It's called sarcopenia, this aging loss of muscle, and dynapenia is the aging loss of strength," Shilstone says. "In order to grow stronger, you're breaking down muscle tissue, repairing

and rebuilding it, and the rebuilding process becomes more difficult as you age. It's something we all face—women, too, especially after menopause, due in part to a loss of estrogen."

To help preserve lean muscle and burn fat as you age, Shilstone recommends regular circuit training, in which you complete a series of strengthening exercises using dumbbells, weight machines, resistance bands or your body weight.

Set a Goal

Having a goal to improve your health gives you something to focus on, like dropping a pants size or getting your blood pressure, cholesterol or glucose numbers in check. For Goodman, his primary goal was to lose weight so he could have knee surgery.

Goodman says he didn't target a number for his weight loss when he started, and he doesn't know exactly how much he's lost. But that doesn't mean he's not paying attention to progress—or signs of a slip-up.

"I don't want to know [my weight]; I just go by belt sizes and pants getting smaller," he told Travers. He reached his goal and has had two knee replacement surgeries.

Al Bochi recommends starting with small changes—one or two things that will have a better impact on your overall health. It could be as simple as walking 30 minutes three times a week or having one more serving of vegetables each day. Once they're accomplished, you can add more. And focus on progress, not perfection.

"Don't wait until everything is perfect in your life to get started," she says. "You'll always have things going on, so just focus on your goals and take it one step at a time." ■

The Right Weight-Loss RECIPE

When it comes to diet versus exercise, reducing calorie intake and making better food choices have been shown to be more effective in promoting weight loss, says Kim Foulk, coordinator for Willis-Knighton's Diabetes & Nutrition Center.

"Ideally, the goal is to strike a balance reducing calorie intake and increasing activity to burn more calories," she says. "All the exercise in the world won't help you lose weight if your nutrition is poor."

Foulk says exercise alone does have some benefit in promoting weight loss because it improves your physical fitness, but research indicates making changes to your diet has a bigger impact.

"It's important to remember that exercise can be critical in maintaining weight loss," she says. "It also plays a role in reducing the risk of other health problems, such as cardiovascular disease and diabetes, but it shouldn't be an either/or choice."

CALL



Make a Plan

Need some sound nutrition advice? The registered dietitians at Willis-Knighton's Diabetes & Nutrition Center offer comprehensive nutrition counseling, education and support. Call **318-212-4250** or visit **wkhs.com/diabetes-nutrition-center**.



*Even if you've
been diagnosed
with a health condition,
you can make simple
changes to improve
your life* BY LEXI DWYER

*Never Too
Late to*

*FEEL
BETTER*



The tension between heart disease and diabetes risk factors is undeniable.

PROBABLE CAUSE

➔ *Heart disease and diabetes are tightly linked, since having one puts you at risk for the other. Here's what you can do about it*

No one wants to get a diagnosis of diabetes. What can discourage a person even more is knowing that the condition increases the risk of cardiac problems such as hypertension (high blood pressure) and high cholesterol.

The reverse is also true, unfortunately: Having a heart issue makes you more likely to be diagnosed with type 2 diabetes. That said, there's hope, and whatever side of the equation you're on, it's within your control to do something about it.

"It's overwhelmingly important to understand that things like diabetes and hypertension are what we call modifiable diseases, meaning they mostly occur because of lifestyle, and if patients make changes, they can change how these diseases are expressed," says Clyde W. Yancy, MD, a cardiologist and deputy editor of *JAMA Cardiology*.

Here's a look at the science behind the connection and what you can do to get healthier.

The Heart-Diabetes Connection

Diabetes is an example of a metabolic health issue, one that involves a chemical reaction in the body, such as turning food into energy. Once a person has diabetes, it can spark other changes.

PHOTO BY GETTY IMAGES

“The response to vacillations in blood sugar and insulin levels means that other regulatory systems become active, causing consequences like high blood pressure,” Yancy says. And once you develop a second issue such as hypertension, physicians are especially concerned.

“Now you are really at risk for having things that we worry about as cardiologists, such as heart attacks, heart failure, stroke and kidney failure,” Yancy says.

The connections between cardiovascular problems and type 2 diabetes are, as Yancy says, “so strong and so profound” that doctors even have a name for what it means to have a combination of risk factors: cardio-metabolic syndrome. The *Journal of Diabetes & Metabolism* has called it a “global epidemic.”

If people are having annual physicals, doctors can help them spot what Yancy calls “cardiometabolic risk factors,” such as weight gain or increased blood pressure or cholesterol. Even if the numbers don’t officially fall in the high ranges yet, these kinds of increases can often precede diabetes.

What You Can Do

According to Yancy, whether you have type 2 diabetes or a diagnosis like hypertension or high cholesterol, the solution is the same: Start practicing smart daily habits.

“It begins and ends with a conversation about lifestyle, both to prevent diabetes and cardiac conditions and to treat these issues,” Yancy says.

► **Don’t smoke.** Smokers are 30 to 40 percent more likely to develop diabetes, and the surgeon general reports that 1 in 4 deaths from cardiovascular disease are caused by smoking. People with diabetes who smoke also have more trouble controlling blood sugar.

► **Lose weight (or don’t gain it).** Obesity is a risk factor for all the diseases mentioned above, and Yancy warns that someone’s BMI (or body mass index, a measure of weight relative

to height) may creep up slowly over several years. It doesn’t take a drastic weight gain to be classified as medically overweight.

For example, a woman who is 5 feet, 4 inches tall would have a healthy BMI at 145 pounds, but she’d be considered overweight at 150. “Most of us need to be at lower weights for medical reasons, not cosmetic ones,” Yancy says.

► **Eat less and smarter.** Yancy recommends people follow a heart-healthy eating plan. This means limiting sodium and saturated fats, increasing foods rich in fiber and potassium, and including olive oil, fruit, vegetables, beans, nuts, seeds, whole grains and lean protein. “This can lower systolic blood pressure as much as 11 points, and it can also help someone who is prediabetic or diabetic,” he says. Finally, limit or avoid alcohol.

► **Prioritize exercise.** Yancy recommends that all adults aim for 150 minutes of movement each week, which could mean 20 minutes of daily brisk walking on weekdays and a longer workout on Saturday or Sunday.

As a cardiologist, Yancy tries to persuade people to change their habits before taking medication. “The same logic applies to everyone, and what I tell my patients is: Stick to the basics—do more, eat less and know your numbers.”

Doing so will not only help you prevent or manage chronic conditions like diabetes and heart disease, but it will also ensure you stay healthy and active enough to fully enjoy life. ■

Three Heart Health Numbers to Check Every Year

To maintain optimal heart health, William B. Eaves, II, MD, of Willis-Knighton Cardiology, recommends testing these three health markers every year:

Blood pressure. This measurement, expressed in two numbers, refers to the force of blood as it flows through blood vessels. Systolic blood pressure (the first number) is how much pressure the blood exerts against artery walls when the heart beats, while diastolic (the second number) reflects the same thing but between beats. Untreated high blood pressure can damage blood vessels and force your circulatory system to work harder.

Hemoglobin A1C. This number is a measurement of your average blood glucose over the previous two to three months. It’s an important way to screen for prediabetes, and it helps people with diabetes know how well they are controlling their blood sugar.

Lipid panel. This shows your total cholesterol, LDL (low-density lipoprotein, also called “bad cholesterol”), HDL (high-density lipoprotein, or “good cholesterol”) and triglycerides, another form of fat found in the blood that can be caused by taking in excess calories.

“These are some of the most significant predictive factors for the development of cardiovascular disease,” Dr. Eaves says. “Knowing your numbers allows your doctors to treat your cholesterol as recommended by the American Heart Association. We want you to stay heart-healthy.”

WEBSITE



Stay Close to Home for Quality Heart Care

The Willis-Knighton Heart & Vascular Institute provides the most comprehensive services for cardiovascular health in the Ark-La-Tex. From structural heart conditions to heart disease, the variety of conditions treated allows you to stay close to home for care. Visit wkhs.com/heart for more information.

A good strategy for avoiding food marketing? Vegetables.

FOOD BUZZWORDS, *DECODED*



Marketers try to woo us with all kinds of language. Here's how to separate truth from fiction

Supermarket shoppers are bombarded by claims and promises on packaging. But with a mix of skepticism and investigation, you can use the label's information to make savvy buying choices—rather than being taken in by buzzwords.

When it comes to evaluating a product, Torey Armul, a registered dietitian nutritionist and spokeswoman for the Academy of Nutrition and Dietetics, suggests that consumers do their own research using reputable sources, not necessarily those with a specific agenda.

Nutrition-focused sites like choosemyplate.gov, nutrition.gov and eatright.org are good places to start. Individual food company websites may answer questions about ingredients or farming practices, though their marketing should be viewed with a critical

PHOTO BY GETTY IMAGES

eye. Here's a guide to some of the more popular food terms you might spot on packaging.

► **USDA ORGANIC** The U.S. Department of Agriculture allows the use of the word "organic" based on guidelines regarding issues like soil quality, animal care practices and pest control. Genetically modified organisms (GMOs) are never permitted in organic products, and farmers cannot use most fertilizers or pesticides. Livestock must receive 100 percent organic feed that is free of chemicals, hormones and antibiotics. While animal welfare and the environment are important to many shoppers, Armul notes that "organic foods are not necessarily healthier." For mom-and-pop farmers, she adds, creating certified organic foods is "a huge endeavor. It's very expensive, and the certification process can take years. A farm might be working toward it but still not considered organic."

► **GMO-FREE** This label is regulated by a nonprofit called The Non-GMO Project and means the food hasn't been genetically altered in a laboratory. With GMO foods, some consumers worry about altering the nutrition profile or introducing potential allergens, although organizations like the American Medical Association and the World Health Organization have supported the view that GMOs are safe. Armul notes that such modification "has been used for quite a lot of good, too, say by reducing the need for pesticides." She suggests that consumers try to think more about the big nutritional picture. "Personally, I read the ingredients, and if there are a lot of simple carbs, corn, corn oil or less nutritious foods that, yes, also tend to have those GMOs, then I might reach for something else," she says.

► **WHOLE FOOD** "This is really just a trendy, unregulated term," Armul says. But the spirit of the phrase is something she supports: Choose unprocessed, unpackaged foods. "I like the idea, because it's a good goal to aim for,"

she says. "It promotes eating foods in their natural, intact form, like fruits and vegetables, which tend to be better for you."

► **SUPERFOOD** Armul calls this one a "wishy-washy word that's kind of taken off in the media." It's not a regulated term, and although it usually denotes that a food is packed with nutrients, shoppers should always read labels. "It kind of conjures up this image of a perfect food or magic pill, and I want to caution against that—you can even eat too much of a superfood, and the goal for someone should always be a well-balanced diet," Armul says.

► **GRASS-FED** As the name suggests, this refers to animals, usually cattle, that eat grass rather than grain. Armul says grass-fed beef can be healthier because the extra fiber gives it more omega-3 fats, which some researchers have found to protect against heart disease. It can also be leaner because of the lower-calorie diet. "But that doesn't turn a burger into broccoli," she says. "There are a lot of choices with a meal, and grass-fed might be one of them, but if you're eating a burger, pay as much attention to your toppings, sides and portion sizes, since it's not usually the beef itself that causes a burger to be unhealthy."

► **ALL-NATURAL** This nebulous phrase is pretty much just mumbo-jumbo, Armul says. "That one is completely unregulated," she says, "so I would tell someone not to pay too much attention to it." ■

Pay Attention to Nutrition Labels

Reading food labels can be tricky, but Julie Hartley, a registered dietitian at Willis-Knighton, says that with a couple simple guidelines, you can be an expert in no time.

For one, check the serving size. "This is always first because all the other nutrition information is based off this amount," she says. "Sometimes the food manufacturers will use unrealistically low serving sizes, so use this as a gauge of how much you eat." For instance, if the label calls a serving four crackers and you eat 16, then you will have four times the calories, fat, sodium and so on.

This kind of information is pertinent when it comes to meal planning. Hartley says most Americans have snacks that really should be considered meals based on calorie content. "An appropriate calorie count for a snack would be around 200," she says.

You should also give special attention to not only how much fat and sodium is in a serving but also what types. Saturated fat and trans-fat have been linked with heart disease and should be limited and avoided when possible.

"We need our food to be nutritious and include healthful ingredients like fiber, magnesium and calcium," Hartley adds. "Make sure there's actually food there and not just unpronounceable chemicals."

E-MAIL



Get Expert Guidance on Nutrition

Have a nutrition-related question? Not sure where to find answers? Our registered dietitians can assist you with clearing up confusion at the grocery store to figuring out what to eat at your favorite restaurant. Email your question to askthedietitian@wkhs.com.

Never downplay
stroke symptoms,
dramatic or not.



MINISTROKE, **BIG PROBLEM?**

➔ *These precursors to stroke may seem mild, but you must take crucial steps to protect your health*

Just the word “stroke” is ominous, and with good reason: Strokes are the fifth-leading cause of death in the United States. But up to 80 percent of strokes are preventable. That’s why it’s critical to seek immediate treatment for a transient ischemic attack, or TIA, sometimes called a ministroke.

What Is a TIA?

A TIA is a series of strokelike symptoms caused by the temporary loss of blood flow to the brain. The term “transient” refers to the fleeting nature of the episode and the fact that it doesn’t cause permanent brain damage.

“When the blood vessels supplying the brain become blocked temporarily, the affected area of the brain stops working for a period of time,” says Larry B. Goldstein, MD, a member of the American Board of Psychiatry and Neurology. Although a TIA is technically defined as lasting

up to 24 hours, Goldstein says symptoms typically resolve within minutes.

What Are the Symptoms?

Depending on what part of the brain is affected, a person experiencing TIA might have balance problems, weakness or numbness in the legs or arms, blurred vision, facial drooping or difficulty speaking. “It may be one symptom or a combination, but you should still seek treatment immediately,” Goldstein says.

If It’s Temporary, Why Go to the Hospital?

Even if symptoms seem to pass quickly, don’t skip the emergency department trip. According to the National Stroke Association, 40 percent of TIA sufferers go on to have a stroke, and nearly half of all strokes occur within the first few days after a TIA.

“At first, you don’t know if it’s going to become a full-fledged stroke, and the longer brain cells go without blood and oxygen, the higher the chance of permanent damage,” Goldstein says. Certain medications, such as clot dissolvers, need to be given right away, ideally within three hours of symptoms appearing. “We can intervene with medications or even mechanically, to pull the clot out, but this has to be done relatively quickly,” Goldstein adds.

“The warning sign can be a really good thing,” he says, “because it gives us the opportunity to prevent a full stroke from occurring.” The bottom line? If you’re having signs of a TIA or stroke, go to an emergency department right away.

What Can Doctors Do?

After you’re admitted, you’ll probably have bloodwork and a blood pressure screening. A TIA can be an indicator of heart disease, diabetes, high cholesterol and high blood pressure, so you’ll be checked for these risk factors. In

some cases, fast-acting medicines called thrombolytic agents are given right away to help dissolve possible blood clots.

One cardiac condition, atrial fibrillation, refers to an irregular heartbeat that puts people at an especially high risk of having a stroke; AFib can be treated with prescription blood thinners to help reduce the chance of future attacks.

Diagnostic tests such as computerized tomography (CT) and magnetic resonance imaging (MRI) of the brain can help discover permanent brain damage. Some physicians may also order imaging of the carotid arteries, found on the sides of the neck; the narrowing of these and the subsequent plaque buildup inside them can lead to TIAs. If issues with a carotid artery are found, they can be corrected with a surgical procedure.

Can I Prevent a TIA?

You can. If you have high blood pressure, high cholesterol, poorly controlled blood sugar or other chronic health issues, seek treatment. Simple lifestyle changes also make a big difference.

► **Stop smoking.** “Smoking doubles your risk for stroke, and secondhand smoke exposure poses almost as much risk,” Goldstein says.

► **Eat smartly.** Goldstein suggests an eating plan that’s rich in fruits and vegetables, high in potassium and low in sodium and saturated fats. Both the DASH (Dietary Approaches to Stop Hypertension) diet and Mediterranean-style eating plans have been associated with lower stroke risk.

► **Exercise and lose weight.** “Even just 30 minutes of brisk walking most days of the week can reduce your stroke risk,” says Goldstein, who also recommends maintaining a BMI of 25 or less.

► **Limit or avoid alcohol.** The journal *Stroke* found that in middle age, having more than two daily drinks may raise stroke risk as much as high blood pressure and diabetes do. ■

Identifying a Stroke

Worried a loved one is having a stroke? Willis-Knighton uses the acronym **FAST**, developed by the American Stroke Association, to help people recognize signs of a stroke.

FACE. Can the person smile evenly, or does one side of the mouth droop?

ARMS. Ask the person to raise arms to the sides. If he or she is having a stroke, there may be difficulty getting one arm higher.

SPEECH. Is the person mixing up or slurring words?

TIMING. Note exactly when you first saw symptoms and call 911 immediately.

“When a stroke is diagnosed and treated quickly, the results will typically be greatly improved,” says Alan Little, MD, a neurohospitalist at WK Pierremont Health Center. Treatment will vary based on the type and severity of the stroke.

After treatment, people then move to rehabilitation.

WEBSITE



Stroke Success Stories

You can view stories from people who have made remarkable recoveries from strokes, as well as read about stroke risks, symptoms and treatments online at wkhs.com/vim/stroke-info.

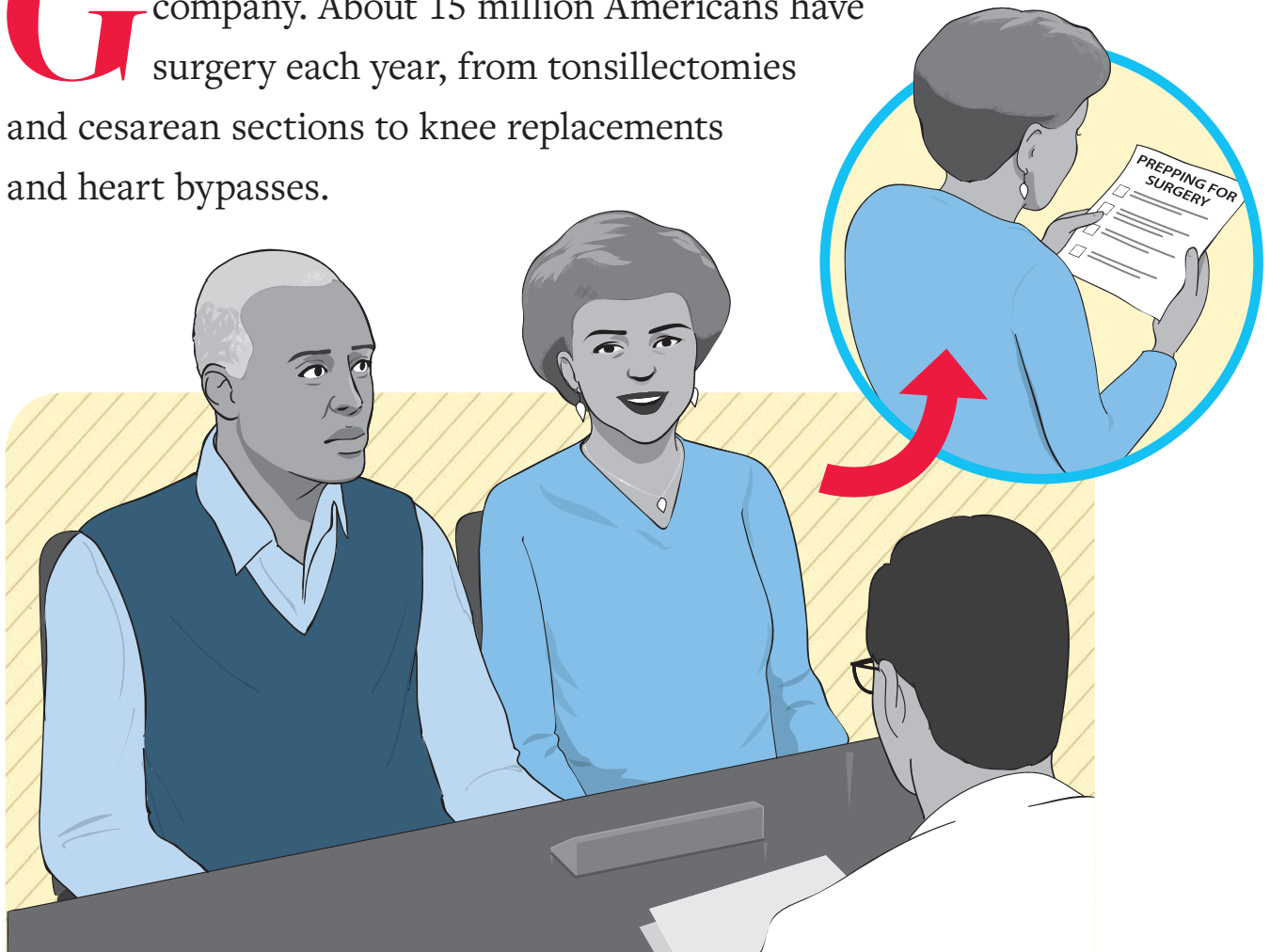
PREPPING for Surgery

Make your trip to the operating room
as successful as possible

BY LAURA ARENSCHIELD



Going in for a procedure soon? You're in good company. About 15 million Americans have surgery each year, from tonsillectomies and cesarean sections to knee replacements and heart bypasses.



Today, most people having surgery expect to head home the same day without being admitted to the hospital; this is called outpatient or ambulatory surgery. With more recovery and care happening at home, patients are playing an increasing role in the overall success of their surgery.

“Making the patient a partner in their own procedure is exceedingly important,” says John Daly, MD, a surgeon and co-chair of the American College of Surgeons’ patient education committee. “A patient should not just be the recipient of the operation but should be partnering with their doctors to get themselves better.”

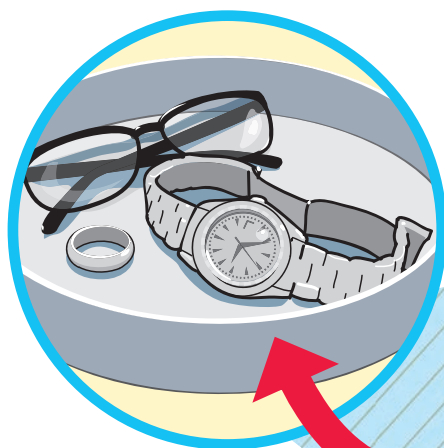
That means asking frank and fearless questions of your doctor and surgeon in the weeks and days

leading up to surgery, involving the people who will help care for you after surgery, and getting your body in better shape to give it the best chance for a speedy recovery.

People can sometimes be overwhelmed by the prospect of surgery—and preoccupied with worries about how to manage their jobs, children and lives during recovery—and forget to ask important questions, Daly says.

The questions he hopes patients ask? “What do I do to prepare best for surgery? What do I do afterward? How long will I be in the hospital? Is it an outpatient procedure or an inpatient one?”

Here are some other things to know before your procedure, no matter the type.



Lose the Accessories, and Keep Your Stomach Clear

If you wear corrective lenses, prepare for your vision to be blurry before you go under anesthesia: You need to remove your contacts or eyeglasses for surgery. Your jewelry needs to come off, too, even if your surgical site is nowhere near your bling.

It's all a precaution to make sure those items don't interfere with your surgeon's work or introduce contaminants to the operating table. And if your surgeon touches your eye with a contact inside it, it could move the lens or damage the cornea.

You'll also probably be told to avoid eating for at least six hours before surgery: Anesthesia can cause nausea, so the less that is in your stomach, the better.

This rule applies for general anesthesia—the kind that makes you unconscious—as well as for monitored sedation (twilight sleep) and regional anesthesia. Monitored sedation can have a range of effects, from mild drowsiness to a deep sleep; regional anesthesia typically numbs a part of your body, but you remain conscious. All of these types can cause nausea. In

some cases, even local anesthetics—the kind your dentist uses when filling a cavity—can bring on an upset stomach.

“The danger of that is when someone is put asleep, or if they are having an epidural [regional anesthesia], they might vomit and inhale some of the stomach contents into their lungs,” Daly says. “It would set up a likely

pneumonia and a very severe problem.”

You might have heard that you shouldn't drink water before surgery either, but new recommendations indicate it may be safe to drink clear liquids up to two hours before. The bottom line? Listen to your surgeon's orders on when to stop eating and drinking before the procedure.

Learn from Past Surgeries

Maybe you've had surgery before. Odds are, you learned something then that might make the next time easier.

For example, if previous experience has shown you that anesthesia makes you sick, let your doctors know ahead of time. Just because you vomited after your last surgery doesn't mean you have to endure it this time.

"Now, there are medications that the anesthesiologist gives prior to putting the patient asleep that can decrease nausea and vomiting," Daly says. "It's critical to talk about any prior surgeries that have been conducted to see how the patient did through the operation and whether there were any complications or issues that arose."



IS WEIGHT-LOSS SURGERY FOR YOU?

Most people consider weight-loss surgery after years of struggling to lose weight, when attempts through diet and exercise alone have failed.

"We see patients who are motivated by the desire to be more active, alleviate illnesses and lengthen their lifespan," says Kamel Brakta, MD, with WK Robotic & Laparoscopic Surgery.

For surgery to be successful, Dr. Brakta says a commitment to lifelong lifestyle changes, including eating healthfully and exercise routinely, is required.

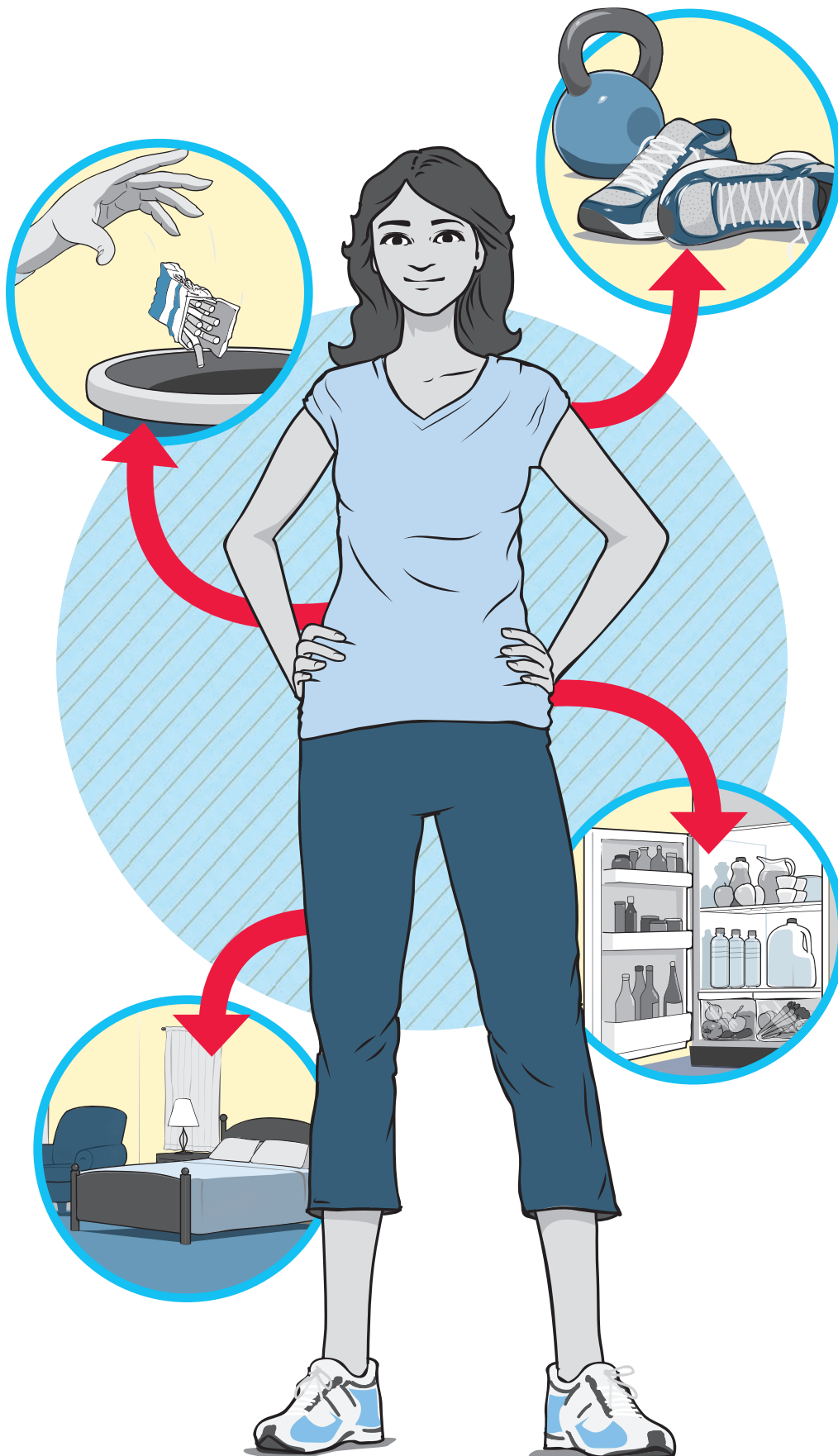
"Weight-loss surgery is a tool to assist people on their weight loss journey," he says. "The rest comes from diet and exercise. Patients must be willing to make positive changes to nutrition and exercise habits to sustain weight loss."

WEBSITE



Take the First Step

Are you considering weight-loss surgery? Visit the Willis-Knighton website, **wkhs.com**, and click on "Find a Doctor" to review qualified physicians who can discuss your options and determine whether bariatric surgery is the right step for you.



Prep Your Body and Your Home

The biggest recommendation—and perhaps the most difficult to follow—from surgeons and researchers who study surgical outcomes is to focus on what they call “prehabilitation.” That means getting as healthy as possible before the procedure.

“Think of it like, I’m going to be training for this, walking every day and making sure my heart and lungs are in the best shape they can be in,” says Giana Davidson, MD, MPH, a surgeon and researcher funded by the Patient-Centered Outcomes Research Institute, whose work has focused on improving people’s healing rates after surgery.

That means quitting smoking if you smoke, losing weight if you carry extra pounds and getting blood sugar levels in check if they are out of control.

“Losing weight and stopping smoking are the hardest things we ask patients to do, and they probably help patient outcomes the most,” Davidson says. “It helps with everything from not coughing as much after surgery to not getting pneumonia.”

Also important is getting your home ready for the time you’ll need to recover after surgery.

“Having somewhere to stay and having the fridge stocked and having a support system in place to help them—those things are all critical to their recovery, and to recovering as quickly as possible,” Davidson says. “Before surgery is the time we should be talking to people about what they’ll need after they leave the hospital.”



Don't Be Intimidated by the Lingo

Remember the bit about asking lots of questions? If your surgeon or any other member of the healthcare team is talking in lingo or jargon, don't be afraid to ask for definitions.

Here are some terms you might hear:

Minimally invasive surgery means smaller incisions, less pain during recovery and likely faster healing time than **open surgeries**, which are more involved and invasive surgeries that require larger incisions and, generally, longer hospital stays. **Laparoscopic surgery** is another phrase for minimally invasive surgery—consider the two interchangeable.

“For example, someone who has a gallbladder removed with an open procedure may be in the hospital three to four days, whereas someone who has it removed laparoscopically may only be in the hospital that day and go home later in the day or the next morning,” Daly says.

If you're having a **robot-assisted surgery**, know that robots aren't in charge; doctors and surgeons are still in control, Daly says. The machines just make difficult surgeries a little easier by allowing for greater precision and smaller cuts to the body.

“Robots allow for better magnification and ease of use,” Daly says. ■

INPATIENT VS. OUTPATIENT: PROS AND CONS

As technology improves, more and more surgeries can be conducted on an outpatient basis, which means that patients have the procedure and head home the same day. One study found that outpatient surgery rates grew by 32 percent from 1994 to 2014. During the same period, inpatient surgeries dropped by about 8 percent.

This can be good for patients, says John Daly, MD, a surgeon and co-chair of the American College of Surgeons' patient education committee. People typically recover much better at home, with family and other caregivers to support them.

Outpatient surgeries also typically have smaller incisions, lead to less pain and require fewer pain-managing narcotics than inpatient surgeries, Daly says.

Still, it is important that you understand the logistics of your surgery, such as how long it might take and when you can reasonably expect to head home.

And whether your surgery is inpatient or outpatient, it's crucial that you and your caregivers understand the parameters your doctors set for healing. After all, when you're not in the hospital, you take on more responsibility for your recovery.

“Patients should know before they go home: What can I eat? When can I eat? What sorts of things are good for me to eat? When can I begin to exercise? When should I walk, and how long should I walk? When can I bathe or take a shower? What do I do about the bandage that's on me? Can I take it off and remove it? When?” Daly says.

“These are all questions that have at their heart: What can I do, and what are the limitations in what I can do?” he says. “Patients should know the answers.”



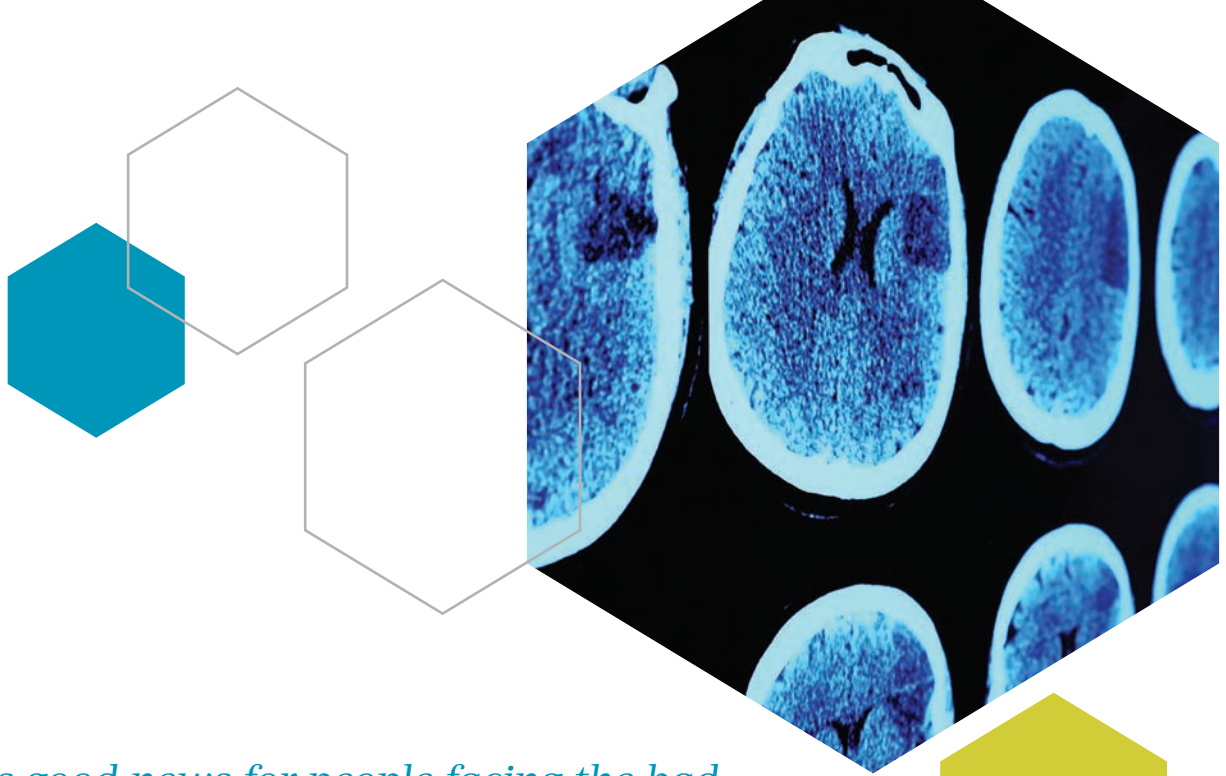
The Next Generation of **CANCER** **TREATMENT**

*Doctors' approaches are changing as surgery,
radiation and chemo advance and
newer therapies emerge*

BY **ROSE SHILLING**



PHOTOS BY GETTY IMAGES



***I**t's good news for people facing the bad news of a cancer diagnosis: The standard cancer treatments that might make up a personalized care plan—surgery, radiation and chemotherapy—are more tailored and precise than before.*



Those front-line therapies have evolved to spare more healthy tissue, with video guidance helping surgeries and radiation targeting smaller areas to damage or kill cancer cells.

With chemotherapy, which uses drugs to kill cancer cells throughout the body, doctors and scientists understand better than ever when it helps most and how to apply it more methodically.

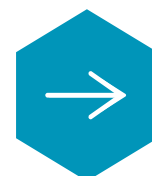
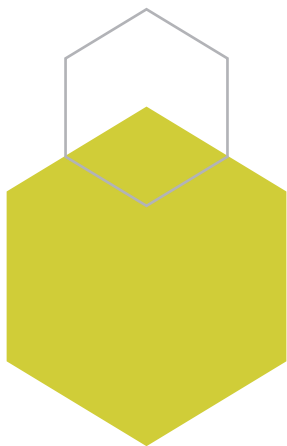
And the tools oncologists (cancer specialists) use are always expanding, as the Food and Drug Administration has rapidly approved treatments in recent years. People now have more therapy options, including immunotherapies that prompt the immune system to fight tumors and hormonal therapies that block or lower the level of hormones in the body that some cancer cells need to grow.

Other treatments, though not used as widely as surgery, radiation and chemotherapy, have become standard care for some cancers, and

newer methods are explored every day in research trials.

While the best care plan is often clear and straightforward, such as removing a small tumor that doesn't appear to have spread, choosing among treatments is “part of the normal landscape for people who live with cancer,” says Lidia Schapira, MD, a cancer researcher and editor of cancer.net, a site of the American Society of Clinical Oncology.

When people weigh therapy combinations or decide whether to try chemotherapy, doctors explain possible outcomes and offer advice backed by current research and their own experience. Some people choose aggressive treatment, while others opt to put it off in hopes of feeling well enough to continue working or driving their kids to school, for example, Schapira says.





A Change in Approach

In the field's greatest recent advance, medical professionals are thinking differently about cancer, looking more broadly at what drives a tumor's spread and developing custom treatment sequences, an idea known as precision medicine, Schapira says.

With this method, a person's cancer is tested to determine whether it would be susceptible to a targeted therapy, which uses drugs to interfere with molecules involved in the cancer's growth. For example, one type of treatment called signal transduction inhibitors blocks signals inside a cell that can affect its functions, including cell division and cell death, possibly killing cancer cells.

Lung cancer researcher Roy Herbst, MD, PhD, describes the approach as targeting a cancer's vulnerabilities.

That new thinking and the therapies it is producing are vital, because surgery, radiation and chemotherapy sometimes don't succeed, especially in advanced cases, says Herbst, a member of the American Association for Cancer Research who contributes to the group's annual Cancer Progress Report.

Devising a Treatment Blueprint

Every person's cancer is unique, and treatment approaches and goals may vary. For example:

- A person with a solid tumor in the breast, colon or stomach might need surgery to get rid of the original, primary tumor and high-energy radiation waves to kill cancerous cells that have spread.
- Someone with cancer that affects the whole body, such as leukemia, will need an all-over treatment, such as chemotherapy. Other systemic options might include hormonal therapy or targeted therapy to stop growth.
- A person with melanoma or a certain type of lung cancer could expect to have immunotherapy in the care plan.

Whole-body treatments like chemotherapy, which requires several sessions of IV drug infusions, can sometimes be replaced by treatments used over years to

maintain good health, such as hormonal therapy via oral medication, Schapira says.

"We've made tremendous progress in both de-escalating or limiting toxic treatments, because we now know that sometimes they don't work very well," she says.

For example, a 2018 study found that chemotherapy does not help many people in early stages of the most common type of breast cancer. Doctors now feel comfortable advising some breast cancer patients to wait on chemotherapy, taking the burden off people who felt they had to try it to survive, says Schapira, who treats breast cancer.

"Showing that you can accomplish what you want using a hormonal therapy, that is an absolute change in the narrative," she says.



Help from **Growing Therapies**

Herbst says he witnessed revolutions since he started treating lung cancer exclusively about 23 years ago, when the job “really was very grim.”

“Treatment was as far from personalized as it could be,” he says.

Now, doctors regularly use immunotherapy and targeted therapy, which rely on test results from an individual’s cancer to identify and block cell changes that cause the cancer to grow. Even with the improvements, lung cancer tumors often grow back with targeted therapy.

“Cancers are deadly opponents. You have to treat them with your most modern and innovative things at all times,” Herbst says.

And if treatment isn’t working, patients with cancer can try to get accepted to a research trial for an experimental method.

People who work with cancer hope some treatments become unnecessary as whole-body therapies improve, Schapira says.

“We can imagine a future where surgery becomes minimal—less disfiguring and less expansive—and where we also have better ways of delivering radiation and making it more targeted and less toxic,” she says. “And most of that is going to happen as systemic therapies get better.” ■



WHAT’S NEW IN CANCER TREATMENT

Greg Sonnenfeld, director of the Willis-Knighton Cancer Center, shares information about developments in treatment:

► **Surgery:** Greater precision through newer technology, which reduces complications and recovery time.

► **Chemotherapy:** Because it’s often used with other treatments, researchers are seeking new drugs and trying to find the most effective timing and order of chemotherapy.

► **Radiation:** Improved technology with more precise radiation delivery techniques.

► **Immunotherapy:** Researchers are looking for new cell mutations to target.

► **Hormonal therapy:** This type of treatment blocks or lowers the hormones in the body that some cancers need to grow.

► **Targeted therapy:** This option tests a person’s cancer to help identify medicines that may interfere with its growth. Scientists are seeking new drugs to interfere in new ways.

► **Bone-marrow transplant:** The procedure replenishes stem cells wiped out by high-dose treatments.

On the cancer diagnosis front, here’s what changed:

► **PET/CT:** New radiopharmaceuticals allow for better diagnosis of specific cancers.

► **Tomosynthesis:** This 3D mammogram allows for more specificity, which helps physicians identify breast cancer sooner.

WEBSITE



Cancer Services for Our Community

Willis-Knighton Health system offers the most comprehensive range of cancer treatment services in the Ark-La-Tex. Go to wkhs.com/cancer/treatment to learn more.

10 WAYS TO GET HEALTHY AT ANY TIME IN LIFE

Focus on good food you can add to your diet, such as vegetables, fruit and whole grains.



2 We've said it before, and we'll say it again: Don't smoke.

3 Add strength training to your routine.



Think of your weight as a health issue, not a cosmetic one.

4

5 Take any symptoms of stroke seriously and get to the emergency department right away.

6

Limit your alcohol intake.



8 Don't be afraid to ask your doctors a lot of questions before any procedure.

9 Get your support system in place before surgery.

10

Facing cancer? Try to stay optimistic; there are so many treatments available today.

➔ **WANT MORE HEALTHY IDEAS?** Check out our fall issue, all about women's health.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



MORE BAD PRESS FOR PROCESSED MEAT

Here's another good reason to make bacon, ham and hot dogs an occasional indulgence and not diet staples: Eating processed meat is associated with higher breast cancer risk, research shows.

The women in the study who ate the most of these foods, such as deli meat and sausages, had a 9 percent higher chance of breast cancer than women who ate the least of that kind of meat, according to a research analysis in the *International Journal of Cancer*.

Health scientists have labeled processed meat a likely carcinogen previously, but most research involved colorectal, pancreatic and prostate cancers.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

GYM CLASS MIGHT INFLUENCE YOU STILL

Do you have good memories of getting picked first for a team in gym? Did you enjoy playing sports with friends during class?

Those types of positive experiences in PE could influence better exercise habits later in life, according to a study in the *Translational Journal of the American College of Sports Medicine*.

On the flip side, some survey participants said when they were younger they disliked activities such as fitness tests, felt embarrassed by their performance or had anxiety about their bodies. People with bad recollections reported more negative attitudes today about physical activity.

TOOL



Find a Walking Club Near You

If you dread exercise, try walking with other people, as the social aspect may add enjoyment. The American Heart Association offers a guide on finding or starting a walking club. Search “walking club” on heart.org.

GUACAMOLE VS. QUESO

Is one dip better for you?

You know that avocado and cheese both carry a lot of fat, so deciding whether queso or guacamole is a better health choice might not seem straightforward.

But the types of fat in the main ingredients make a big difference.

An ounce of avocado has 4 grams of fat, but mostly the heart-healthy, unsaturated kind.

Cheese has more fat: 9 grams per ounce of cheddar, including about 5 grams of saturated fat, which raises cholesterol in your blood. High levels of that kind of cholesterol increase heart disease and stroke risk.

And while cheese has some protein your body needs, it gets another ding for being full of salt. Avocados contain only a trace of sodium—but watch out for high salt levels in packaged versions of either dip.

The verdict: Guacamole wins, because it's made with a nutrition powerhouse, providing various vitamins and some fiber. Make it or buy it fresh, though.



PHOTOS BY GETTY IMAGES

Smell Something THAT'S NOT THERE?

Scientists have a clearer picture of how many people are bothered by phantom odors, usually unpleasant ones like garbage or something burning.

About 1 in 15 people older than 40 have the condition called phantosmia that can hurt quality of life, according to a study in *JAMA Otolaryngology–Head & Neck Surgery*.

The condition sometimes affects how food tastes and causes loss of appetite, or it could interfere with detecting danger from smells of gas leaks, fire or rotten food. Some possible causes include chronic sinus inflammation, damage from a respiratory infection or a head injury.



▶ TRUE OR FALSE

Older people need less sleep.

FALSE: Your body requires the same amount of sleep throughout adulthood, according to the National Sleep Foundation.

But many seniors say they can't sleep as much as they once did and they feel more tired during the day. Why is that a common complaint?

Several factors could be to blame:

1. Older people are light sleepers. As you age, your body spends less time in deep sleep.
2. Seniors take longer to fall asleep and wake more at night.
3. Health problems and medications contribute to sleeplessness.
4. Poor-quality sleep drives people to go to bed earlier, meaning they wake earlier. Over time, this throws off the sleep-wake rhythm.

CHILDHOOD MENTAL HEALTH



11%

of children ages 4–17 have been diagnosed with attention deficit hyperactivity disorder (ADHD).

1 in 4

youths ages 13–18 have experienced severe impairment from a mental disorder, such as anxiety or conditions affecting mood or behavior.

80%

of kids with an anxiety disorder and

60%

of kids with depression are not receiving treatment.

2nd

Suicide is the leading cause of death for adolescents ages 10–19, after accidents.

Sources: National Institute of Mental Health, Anxiety and Depression Association of America, Centers for Disease Control and Prevention

Pregnancy Inflammation Linked to Baby Brain Function

Babies whose moms had inflammation while pregnant had troubling signs in their brain development after birth, a collection of research shows.

High levels are linked to poorer brain function, impulse control and working memory in babies' first years, according to research backed by the National Institute of Mental Health.

Inflammation is the redness and swelling that happens after an injury, or signs could be noticeable when the body reacts to infection, stress or obesity. Smoking and depression also can elevate inflammation.

Researchers hope for more help for moms-to-be with those possible triggers.



THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

SUMMER SURVIVAL TIPS

With summer upon us, it's important to take extra care to fend off conditions that are more probable in hotter weather. Clint Wilson, MD, with Family Medicine Associates, shares essentials to summer survival:

Restock your first-aid kit. Make sure you have the essentials—adhesive bandages, sunscreen, hydrocortisone, topical creams and antihistamines—while adding other summer items, such as sunscreen, numbing spray (for bad sunburns) and bug spray.

Hydrate. Drink plenty of water to avoid dehydration, which is more likely in warmer temperatures.

Stay in the shade. Limit time in the direct sun and always apply sunscreen.

Fight off allergies. Keep your home clean and take vitamins to help manage summer allergies.

WEBSITE



Keep Your Summer Allergies in Control

If you think you have seasonal allergies, see an allergist. To find one at Willis-Knighton Health System, visit Find a Doctor at wkhs.com or call 318-212-9562.



In the pool, you won't even notice you worked up a sweat.

WORKOUTS THAT WORK: SWIMMING

Swimming does something great for your body that's different from many types of exercise: It works all of your major muscles at once. From head to toe, your whole body moves against the water's resistance.

A key advantage is that swimming keeps your heart rate up but stresses your joints less than activities with harder impact, such as running.

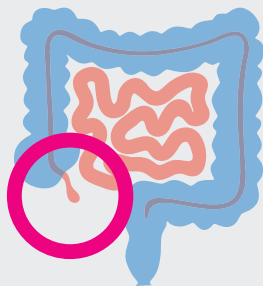
Seniors and others with joint pain or people who need low-impact injury recovery can hit the pool. And swimming has benefits for everyone:

- ▶ Strengthens your heart and builds muscle power
- ▶ Burns calories in the relaxing environment underwater, helping relieve stress
- ▶ Allows you to work out anywhere you can find a body of water without needing extra equipment (except maybe goggles)

PHOTOS AND ILLUSTRATION BY GETTY IMAGES

WHAT ARE THE ODDS

of Having Appendicitis?



**1 in
1,000**

Did you know?

- Many people with inflamed appendixes don't get the telltale sharp pain at the bellybutton and right side of the body.
- The inflammation of the finger-shaped pouch off the large intestine happens most often in children and young adults.
- Recent research has shown success using antibiotics in some cases, instead of surgical removal, to stop soreness from infection.
- Long thought to be useless to the body, the appendix could be a warehouse for good gut bacteria, new studies suggest.

Alzheimer's, Dementia to Nearly Triple by 2060

By 2060, the number of people with Alzheimer's disease and related dementia in the U.S. will reach 14 million people, or about 3 percent of the population, a study estimates.

That's a leap from 5 million people diagnosed in 2014, or 1.6 percent of the population, according to research in *Alzheimer's & Dementia: The Journal of the Alzheimer's Association*.

The reasons? The population is growing, and fewer people are dying from chronic conditions, increasing the number of older people who have greater risk of Alzheimer's.



JARGON WATCH

EMBOLISM: An embolism happens when something—a blood clot, a piece of fat or an air bubble—lodges in a blood vessel. The blockage can cut off blood supply to organs, possibly causing a stroke or harming the lungs.

You don't have to
deal with COPD
on your own.



THE TRUTH ABOUT COPD

*Check your knowledge about
this challenging but manageable
lung condition*



Breathing is effortless for most people. Oxygen in, carbon dioxide out. But for people with chronic obstructive pulmonary disease, or COPD, breathing is hard work.

An umbrella term that includes emphysema and chronic bronchitis, COPD is a condition in which the airways in the lungs thicken. Airflow decreases, and the body gets less and less oxygen while struggling to expel carbon dioxide. Shortness of breath settles in. A person might also have mucus or phlegm, have a chronic cough, get a lot of respiratory infections or experience fatigue.

But not all COPD looks the same, says Stephanie Williams, a registered respiratory therapist and director of community programs with the COPD Foundation.

"If I have 10 people in a room, they're all going to report something unique to them," she says. "Not everyone has the chronic cough. Not everyone has oxygen levels that drop to unhealthy points. It's all just a little bit different."

The more you understand about COPD, the better equipped you'll be to get help.

PHOTO BY GETTY IMAGES

TRUE OR FALSE:

COPD is rare.

→ **FALSE.** COPD is far more common than a lot of people realize, says Jamie Sullivan, vice president of public policy and outcomes at the COPD Foundation. COPD is the fourth leading cause of death in the country, according to 2016 figures from the U.S. Centers for Disease Control and Prevention. About 6.4 percent of Americans say they've been told they have COPD, and experts note that a significant number of people who have the disease have not been diagnosed.

TRUE OR FALSE:

Only smokers get COPD.

→ **FALSE.** About 90 percent of people with COPD have smoked. But environmental pollutants, including secondhand smoke, air pollution and chemicals, can contribute to a person's risk, and some people inherit a genetic risk.

"Many people associate COPD only with smoking," Sullivan says. That stigma, she says, can affect whether people with the disease feel empowered versus ashamed, how doctors talk about COPD, and even policies and funding.

TRUE OR FALSE:

Both men and women get COPD.

→ **TRUE.** COPD was once thought of as a man's disease. But a 2013 report from the American Lung Association noted that women are 37 percent more likely than men to have COPD. Women are also more likely to die of the disease. The report points out that women are

underdiagnosed and undertreated, so it's important that they advocate for themselves and talk to their doctors about their risks and any symptoms they notice.

TRUE OR FALSE:

You can't exercise with COPD.

→ **FALSE.** Although it seems like breathing challenges would prevent a person from exercising, it's important to keep moving. Pulmonary rehabilitation programs are designed to help people exercise safely, gain education and build their lung function.

"I cannot emphasize this enough," Williams says. "If you have pulmonary rehab in your area, have your doctor refer you. It is life-changing. It is the single best tool that people with COPD can have in their toolbox."

TRUE OR FALSE:

There is no cure for COPD.

→ **TRUE.** COPD has no known cure, but treatments can help people breathe easier and improve their quality of life. In addition to pulmonary rehab, medications or supplemental oxygen may help. And some people are candidates for lung surgery to improve their breathing. ■

LIVING WITH LUNG DISEASE

COPD, or chronic obstructive pulmonary disease, is a chronic condition that can dramatically impact a person's daily activities—but life does not have to stop after a diagnosis.

Although slowly progressive and incurable, the disease can be managed to improve breathability. Implementing lifestyle changes and learning ways to cope will slow the progression of the disease and help you live to the fullest extent possible.

Kamal Masri, MD, with WK Lung Specialists, says people with COPD should focus on the things they can do instead of activities that might be limiting. "Enjoy a brisk walk around the block, and don't focus on not being able to run."

Dr. Masri also recommends moderate exercise and pulmonary rehabilitation. Remaining active keeps the lungs healthy and working efficiently, he says. Exercise strengthens the muscles you use for breathing, as well as your other muscle groups, helping you expend less energy. Meanwhile, pulmonary rehabilitation works to improve lung function.

It's always important for people with COPD to stay in close contact with their physician, too, says Dr. Masri. "Every patient's COPD experience is different," he says. "Your doctor can help you develop a personal plan to stay healthy and safe."

WEBSITE



Learn How to Exercise with COPD

Ready to start an exercise program specific to you? Check with your doctor or visit your nearest WK Fitness & Wellness Center and talk to an exercise specialist. Visit wkfitness.com for more details.

HOW TO FIND A NEW DOCTOR

*Do the research, weigh your options
and make a choice*



The best doctors are wise wellness guides, reliable confidants and dependable guardians of our health. They are the people we go to for everything from a cold that just won't go away to a new lump that's keeping us up at night.

We trust them to care for the people we love. We trust them with our very lives.

Also, we visit them a lot. In 2016, nearly 85 percent of U.S. adults—and nearly 93 percent of U.S. children—interacted with a doctor at some point, according to the Centers for Disease Control and Prevention. In 2015, U.S. physicians received more than 990 million office visits, more than three per person, based on the 2015 population of the United States. More than half of those visits were to primary care physicians.

But picking a doctor can be difficult.

“Years ago, you would choose a doctor based on a recommendation from one person,” says Gwen Darien, executive vice president for patient advocacy at the National Patient Advocate Foundation. “And now, there are lots of places you can look for advice in finding that doctor. It can be overwhelming.”

Try these five tips for choosing a new doctor. These apply whether it's a primary care provider or a specialist, for you or for someone you love. Ideally, you'll choose a new doctor before you're in an urgent situation, to give yourself time to do due diligence. But in a pinch, you can do as many of these steps as possible.



Step One: **Use the Internet**

You can start your search by visiting the website of a trusted hospital system or medical network to look for providers near you. Then plug those names into sites like Zocdoc and Yelp, which contain multitudes of doctor reviews.

Darien is a proponent of reviews but cautions that patients should read them carefully.

“Compare the feedback on all of these sites,” Darien says, “because if in one place a doctor is all five stars and another place that doctor is two stars, there’s something off.” That disparity in ratings would prompt Darien to either find a different doctor or do additional digging online to get a more complete story.



Step Two: **Tap Your Circle**

Ask your friends, family members and co-workers for recommendations. Find a community-oriented social media group and ask for input there. If you need a specialist for a specific diagnosis, find an online advocacy group or patient group focused on that injury, illness or disease and start asking questions. “Your community is a powerful resource,” Darien says. “Use it.”



Step Three: **Ask Good Questions**

When you ask for recommendations, ask about the things that matter to you most. Does the doctor take time to answer questions during an office visit, or is she pushing her patients out the door? How long might you wait for an appointment if you need one?

Darien likes to ask this question when she is looking for a new doctor: “What is my access to that physician, and how quickly will they call me back if I call with a medical issue?”



Step Four: **Call the Office**

Once you’ve settled on a few possible doctors, call their offices. Make sure that they accept your insurance and that they can get you an appointment when you want one. Ask if they have a nurse practitioner on staff to field patient phone calls or see patients who need same-day appointments.

“Look at how they treat you when you call on the telephone,” Darien says. “Are they listening to you? Are they making sure you go in prepared for the visit? The front desk is a really important contact that should give you a sense of what the culture of the practice is.”



Step Five: **Make a Choice**

Don’t be afraid to ask tough questions of your doctor once you’ve chosen her: Why is she recommending one treatment plan instead of another? Might there be another medication that would work better? Are nonpharmacological options available?

You should leave your appointment feeling confident in your care and comfortable with the answers you received, Darien says. If you didn’t, or if the doctor-patient relationship simply isn’t working for you, don’t be afraid to start searching for a new doctor again or to ask to see a different doctor in that practice. ■

OVERCOMING THE COST BARRIER

It can be uncomfortable to talk about money, especially when a doctor is laying out a treatment plan to improve your life, but Gwen Darien, executive vice president for patient advocacy at the National Patient Advocate Foundation, says it’s necessary. Many people struggle to pay for doctor visits and prescription medicine.

“People end up losing their health over this,” she says. “They cut their pills in half or they pay for medicine instead of food, or they are seen as noncompliant by their doctors when their doctors don’t know they aren’t taking their medicine because they can’t afford it.”

Ask questions about the cost of your care, Darien says, and be honest about your finances.

A doctor’s job is to understand your health; that means understanding your ability to pay for care. Then, you can work together on a treatment plan you can afford.

TOOL



How to Prepare for a Doctor Visit

The National Institute on Aging has helpful resources for people of any age who want to make the most out of a healthcare appointment. Visit nia.nih.gov/health/how-prepare-doctors-appointment.

Is it a normal pain
or something that
needs a doctor?

FREAK OUT OR CHILL OUT?

Having female anatomy isn't always easy. When gynecological symptoms strike, women often have to make a call about whether to get help or tough it out



Maybe your monthly period makes you feel miserable. Maybe you always keep a panty liner in your purse in case of spotting. Or maybe you deal with urine leakage. When you're facing health concerns "down there," it's difficult to know when to seek medical help or just realize it's part of being a woman.

Leah Millheiser, MD, a past member of the board of directors of the International Society for the Study of Women's Sexual Health, shares her advice on when to wait for relief and when to call for an appointment.

PHOTO BY GETTY IMAGES

Q You're in your 30s, and your period comes every 28 days like clockwork. But sometimes you get a little spotting midcycle.

Is this spotting normal, or is it a sign of something more serious?

PROBABLY NORMAL. "For most premenopausal women, midcycle spotting for a day or two can be a sign of ovulation," Millheiser says. "And it may not happen every month." If you're spotting at other times, you should discuss it with your doctor, as it could be a hormonal imbalance, a side effect of birth control or a sign of a less-common condition.

Q Ever since you reached your 40s, you've noticed that you leak a little urine during sex.

Is this a sign that you're getting older, or is it something you should discuss with your doctor?

MOST LIKELY BOTH. "If you're approaching menopause, leaking a little urine is not uncommon during sex or orgasm," Millheiser says. It's more likely to occur in women who have given birth vaginally. But talk to your doctor—this is treatable with Kegel exercises, pelvic floor physical therapy or surgery, so you don't have to live with it.

Q Your college-age niece appears to be in good health, but she told you that every month she deals with bloating, nausea, diarrhea, severe cramping and sharp pain. She's taking ibuprofen but still missing classes because of her symptoms. She thinks it's bad PMS, but you wonder whether it might be endometriosis.

Who's right?

IT COULD BE ENDOMETRIOSIS. Some women with endometriosis have no symptoms, some have symptoms only during their periods, and some have symptoms throughout the month. With pain that's severe enough to keep her out of school, your niece should see her doctor. Often women find relief with a more structured ibuprofen therapy plan. If that doesn't work, a doctor might recommend hormonal treatments. And surgery is an option for the toughest-to-treat cases.

Q You never thought it would happen to you, but you're feeling the symptoms of menopause—hot flashes, night sweats, insomnia and, of course, irritability. You're miserable.

Should you consider hormone replacement therapy, even though you've heard it can increase your risk of heart disease and breast cancer, or tough it out?

CONSIDER HORMONE REPLACEMENT THERAPY. "It's the most effective way of addressing perimenopausal or menopausal symptoms," Millheiser says. "It's not as scary as people made it out to be in the past." Treatment can be as simple as low-dose birth control pills, and your doctor can increase the dosage if you need more symptom control. Hormone therapy might not be the right choice if you have risk factors, such as a history of stroke, blood clotting or certain cancers. Your doctor can help you decide whether it's appropriate for you.

Q Your daughter is 14, and her period hasn't started. She's quite thin and dances four nights a week. Should you give it time or talk to her doctor?

PROBABLY GIVE IT TIME. "At 14, it's not uncommon not to have periods yet," Millheiser says. If her period doesn't start by age 15, she should be checked. And don't wait to talk to her doctor if you're concerned she might have an eating disorder or might be underweight from exercising too much. ■

QUIZ



The 411 on Cervical Cancer

Check your knowledge about preventing and treating cervical cancer with a 10-question quiz at cdc.gov/cancer/knowledge/quiz/cervical.htm.

BEAT THE BUGS

Here's how to steer clear of insect bites—and the dangerous diseases they can spread



Bites from mosquitoes, ticks and fleas aren't just annoying. They're potentially harmful, and they're on the rise.

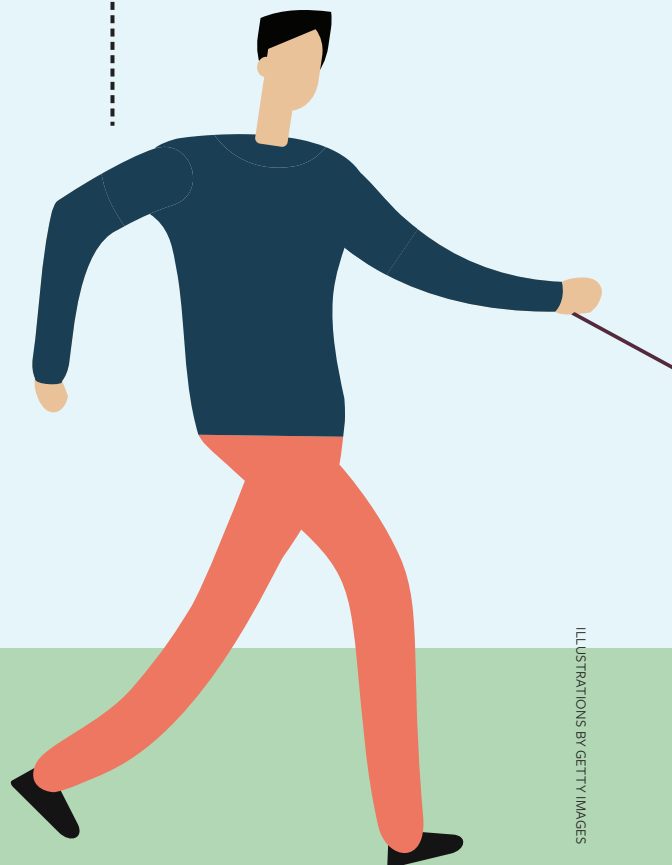
The Centers for Disease Control and Prevention reports that diseases caused by the bites of these bugs tripled from 2004 to 2016. Over that time, 640,000 people reported illnesses linked to bug bites—they were infected with 16 diseases including the West Nile virus, Lyme disease, chikungunya virus, dengue, plague and Zika virus. And many people don't report their illnesses, so the actual number is probably much higher.

These diseases are difficult to control, since the bugs that cause them are spreading around the world and into areas of the U.S. where they hadn't previously been found. Here's what you can do to reduce your risk:

1 Use an insect repellent that has an Environmental Protection Agency registration number on the label. For registered products, the manufacturer must provide the EPA with information about the repellent's safety and effectiveness. Follow the directions on the label to maximize your protection while minimizing overexposure.

2

Cover up with long sleeves and pants, and use boots, pants, socks and tents that are treated with the insecticide permethrin. (Do not use permethrin on your skin.) Tuck your shirt into your pants and your pants into your socks to close gaps where bugs could get in.



ILLUSTRATIONS BY GETTY IMAGES

3 Control fleas and ticks on your pets. Talk to your veterinarian about the best products to use.

4 If you find a tick on yourself or your pet, use tweezers to gently pull it out. If parts break off, do your best to remove them with tweezers. If you can't remove them all, leave them alone. In either case, clean the area with rubbing alcohol or soap and water. Don't try to smother or burn a tick to make it back out of the skin—it's better to remove it as quickly as possible.

Find the Right Repellent

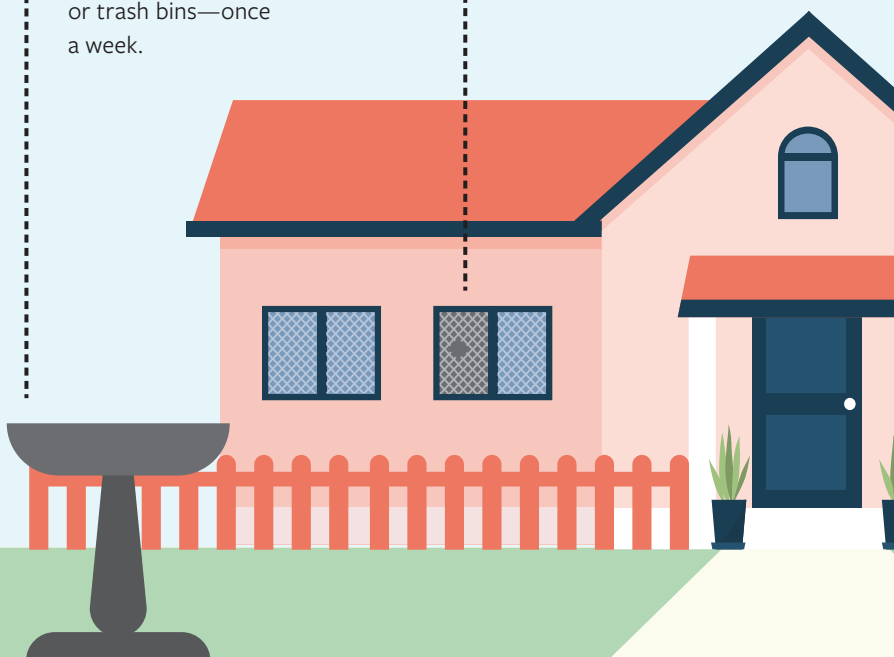
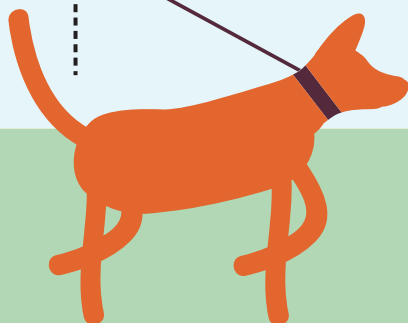
At [epa.gov/insect-repellents/find-repellent-right-you](https://www.epa.gov/insect-repellents/find-repellent-right-you), you can input the length of time you'll be outside, the types of insects you expect to encounter and other factors to find the best insect repellent for your situation.

TOOL



5 Outdoors, get rid of any water sources where mosquitoes can breed. Empty anything that can collect water—like tires, buckets, planters, toys, baby pools, birdbaths, flowerpots or trash bins—once a week.

6 Keep mosquitoes out of your home. Make sure your doors and windows have screens, and patch any holes. ■



THREE WAYS WITH **SWISS CHARD**

These curly, elegant leaves are a great swap for spinach and will liven up basic recipes



In the world of leafy greens, kale gets all the buzz, while spinach and lettuce are the comfortable choices you've been eating your entire life. So where does that leave Swiss chard? The answer should be: inside your shopping cart next time you visit the produce aisle.

"Chard is a superfood in the sense that it's well-rounded, contains antioxidants and is an excellent source of vitamins K, A and C, as well as a good source of magnesium, potassium, iron and fiber," says Kristen Gradney, RDN, a spokeswoman for the Academy of Nutrition and Dietetics.

As with other leafy greens, Swiss chard offers lots of benefits, including boosting blood health (vitamin K), supporting good vision (vitamin A), regulating blood pressure (potassium) and improving digestive issues (fiber).

When it comes to cooking, chard is flexible: Although it has a distinctive flavor, it's also adaptable enough to accommodate pine nuts and raisins, popular in Spain, or onion and coriander, common in Morocco.

"Any place you'd use spinach, whether it's salad, a sauté or a dip, you can swap in chard," Gradney says. "Leafy greens are so important, but we tend to just eat the same ones. Especially for kids, the more often you change up what you're eating, the more your taste buds will be open to new flavors." Here are three ways to expand your palate using Swiss chard:

1 SAUTÉ IT

Wash leaves, trim the stems and remove center ribs (they can be saved for pickling, see below). Create ribbons by stacking three or four leaves, rolling them together lengthwise and slicing crosswise (think sushi-roll style) into half-inch pieces. Sauté the ribbons in olive oil over medium heat until just wilted, about 5 minutes. The key is not to overcook (watch for browning), which can lead to bitterness.

2 MAKE DIP

Remove stems and ribs from four large chard leaves. Blanch leaves by plunging them into boiling water for 2 minutes, then transferring them to a bowl of ice water. Dry well with paper towels and chop finely. Add chopped chard to Greek yogurt (1 to 1½ cups, depending on your preferences) and season to taste with lemon juice, mint, dill or grated Parmesan cheese.

3 PICKLE THE STEMS

Toss 1 cup of chopped chard ribs and stems with salt and set aside. Bring ½ cup of white vinegar and 3 tablespoons of sugar to a boil in a small saucepan. Stir until sugar dissolves and allow mixture to cool. Combine stems and brine in a canning jar, cover and refrigerate for two days. To vary the flavor, try rice vinegar, white wine vinegar or a combination of the two. The final product is even prettier when you've got stalk pieces in a few colors—search Pinterest for inspiration.



PHOTO BY GETTY IMAGES



Why not give
super-nutritious
chard a spot on
your grocery list?

JUST THE (CHARD) FACTS

► **Swiss chard is fairly hardy.** When the leaves are separated from the ribs and wrapped in plastic, they should stay fresh in the refrigerator for about a week.

► **Gardeners should embrace it.** If you're new to sowing your own vegetables, chard is relatively easy to grow (plants can end up more than 1 foot tall!) and rarely affected by pests and disease.

► **It's a close relative of the beet.** We think of it as a leafy green, but chard has the same species name as a sugar beet (*Beta vulgaris*). Instead of a bulb-shaped root, the chard plant produces large stalks, which may be white, pale green, bright red or yellow.

► **It isn't actually Swiss.** Chard's subspecies name is *cicla*, because chard was first grown in Sicily. At some point during the 19th century, "Swiss" was added before "chard," and some historians think it might be because a Swiss botanist gave it its scientific name.

APP



Swap It Out

The **Substitutions** app, free in the Apple App Store, suggests alternatives for nearly 1,500 ingredients. It's handy if you're tweaking recipes to make them healthier or cooking around a food allergy, and also for those times you're halfway through dinner prep and realize you don't have a certain ingredient on hand. Visit gormaya.com.

THE SPINE

24

Your spine is made up of two dozen vertebrae, or bones.

80%

Most adults will experience low back pain in their lives.



30 MINUTES A DAY

This much low-impact exercise—like swimming, riding a stationary bike or brisk walking—can help keep your spine strong.

288K

This many people in the U.S. are living with a spinal cord injury.

20 TO 50 YEARS OLD

Men in this age range are at greater risk of a herniated disk.

264 MILLION

Back pain accounts for at least this many lost workdays each year—that's more than two days for every full-time worker in the United States.

Sources: American Academy of Orthopaedic Surgeons, National Institute of Neurological Disorders and Stroke, National Spinal Cord Injury Statistical Center, United States Bone and Joint Initiative

The Keys to a Happy Back

You brush your teeth, moisturize your skin, and groom your hair and nails. But what have you done for your back lately? It (literally) does most of the heavy lifting each day, supporting your body weight and enabling you to move from place to place. And yet spine health isn't usually at the top of anyone's wellness priority list, as evidenced by the prevalence of low back pain in the U.S.

"Twenty-five percent of adults on average have had back pain at least one day in the last three months," says Afshin Razi, MD, an orthopedic surgeon and spokesman for the American Academy of Orthopaedic Surgeons. "And once someone has back pain, 60 to 75 percent of those individuals will have a recurrence within 12 months. That's why it's so important to take care of your back."

So, what can we do to protect our spines?

- 1. Practice the basics.** Exercising, maintaining a healthy weight and using proper lifting techniques are critical. So is quitting smoking. "Smoking has been shown to increase the rate of disk degeneration," Razi says.
- 2. Sit smart.** "Sitting causes the most pressure to disks—even more than standing," Razi says. Keep your back slightly arched with your head and shoulders upright.
- 3. Move around.** "Whether you sit most of the time or stand, you need to change positions about every 20 minutes," Razi says. "If you're sitting, get up, stretch and move around for a couple of minutes. Making that switch will help relieve the pressure from your back."

WEBSITE



The Proper Way to Sit

Visit orthoinfo.aaos.org/en/staying-healthy/how-to-sit-at-a-computer for a comprehensive guide to smart sitting—from chair, monitor and work surface height to proper posture and keyboarding techniques.



Permanent STAYCATION

The Oaks offers activities and amenities so you love where you live

BY **TERRIE M. ROBERTS**



In today's world, there's something comforting about a "staycation." This coined word describes taking time off for relaxing and having fun without the hassles, stress and expense of major travel. In other words, staying at home and doing what you enjoy.

Consider travel today: It takes a day or more to arrive at your

destination and equal time to return, not to mention the cost of meals, transportation and housesitting. And have you checked the price of hotel rooms lately? An average room in Dallas runs about \$200 per night, meanwhile fancier places, like The Plaza in New York City, cost just under \$500 per night. No wonder a staycation has such appeal!

Residents at The Oaks of Louisiana, Shreveport's premier senior living community, can enjoy that staycation experience 365 days a year through its plentiful activities and amenities. The community was designed by Willis-Knighton to offer an engaging, healthy lifestyle that enhances the social vitality of residents ages 55 and older. The staycation experience aims to surpass traditional senior living expectations and enrich and enhance all facets of residents' lives.

"We want residents to enjoy the best in amenities and services," says Rhonda MacIsaac, Independent Living director. "The Oaks' beautiful resort-style setting combines the best of home with vacation-worthy amenities and activities that make living here fun, relaxing and worry-free."

You might say that the lifestyle at The Oaks helps to rejuvenate life for active seniors, especially those who were previously home alone. Here they can

truly enjoy retirement, make choices for themselves, celebrate freedom from obligation, pursue new interests and reignite forgotten passions. Residents appreciate the resortlike hospitality combined with the comfort of an apartment home that reflects their style and taste.

Independent residents have the freedom to come and go, participate in the lifestyle they choose, and enjoy social time and meals with like-minded friends.

Imagine yourself in this unique environment, equipped with:

Maintenance-Free Living

Leave the worries and financial headaches of maintaining an aging home and yard behind when you move to The Oaks. Housekeeping is also a breeze, because you don't have to do that, either. Instead, venture out of your beautifully designed apartment home



at the Tower, and grab a bag of freshly popped popcorn while you enjoy the evening's movie, gather for a drink with friends in Grumpy's pub or curl up with a good book in the library.

If you choose a space at Garden Apartments, watch the sun set over Lake Herman as you grill with friends and admire your plants. Enjoy the manicured lawns and shrubs, the mother duck and her ducklings swimming on the lake. Safely take an early-morning walk around the beautifully landscaped campus.

Chef-Prepared Meals

When it's time to eat, you'll be tempted by a variety of options prepared by the culinary team. You don't even have to cook or grocery shop—unless you want to. Enjoy service by an attentive staff that clears the table and takes care of the dishes.

Unlimited Opportunities for Fun

Whether you're planning a fun or relaxing day, The Oaks has something for you. Revel in a refreshing swim in the heated pool in the Spa & Wellness Center, challenge a few friends to a game of croquet or schedule a massage



Meals prepared by Oaks chefs, including Billy Wiethaupt, add a delicious dimension to a "staycation" at The Oaks.

Why Residents Love The Oaks



LEFT: Pamper yourself with one phone call to schedule a relaxing and refreshing facial in the Spa & Wellness Center. **ABOVE:** An art studio lets you paint your cares away.

or facial in the salon. Join one of The Oaks' many planned programs and activities, such as getting creative in the art studio, playing bridge in the card room, or fishing along Lake Eleanor.

Make the Choice

So, what's in your life plan? Consider embracing the future with a rich and vibrant life at The Oaks. Most residents affirm that they wish they had moved earlier, and with all The Oaks has to offer, it's no surprise. "We enable them to experience retirement as a vacation that never stops," MacIsaac says.

The Oaks' holistic belief in physical, mental and spiritual health ensures you enjoy a healthier, happier life. Living well is about finding balance among mind, body and soul. Living healthier and living longer—who wouldn't want that? ■



"One of the reasons we chose The Oaks is because of the wonderful Spa & Wellness Center, the fitness equipment available and the exercise possibilities."
—Tynes Hildebrand

"THERE IS SO MUCH TO DO HERE YOU HAVE TO PICK AND CHOOSE. YOU CAN'T DO IT ALL."
—BILLYE MILNER



"I don't have to pull weeds or spread pine straw. I don't have to vacuum my floor or clean the bathroom—so I am totally blessed to be living here. With all the perks like great activities, programs and off-campus trips, I feel like I'm on a permanent vacation." —Millie Marquess

"The best part of living here is I don't have to go grocery shopping. I don't have to cook!"
—Virginia Houston



Connected Care

The Willis-Knighton Physician Network streamlines the medical process to improve patient services **BY DARRELL REBOUCHE**



We all have those days when something doesn't feel right, and we decide to see a doctor.

But the answer to “what kind of doctor do I need?” usually isn't obvious. There's promising news, though: If your physician is a member of the Willis-Knighton Physician Network, this specialized group of doctors and other healthcare providers operates as one entity to make sure you are seen by the right doctor at the right time.

“The breadth of the physician network—more than 550 healthcare professionals providing services in over 75 specialties and subspecialties—provides patients access to nearly every practice of medicine,” says Bruce Stroud, corporate administrator of the Willis-Knighton Physician Network.

The group was formed in 1992 and is still working strong to provide people with the best care. “It's so smooth for a patient to work through the network,”

says Larry Flake, MD, of WK Pierremont Family Physicians and charter member of the network.

Michelle Self, MD, also of WK Pierremont Family Physicians, agrees. “We attract the best and keep the best,” Dr. Self says.

For doctors, membership in the network is appealing because it allows them to concentrate on practicing medicine, while Willis-Knighton runs the business. “We don't have headaches over the finances of operating our clinics,” Dr. Flake says.

Willis-Knighton hires nurses, imaging technicians, office staff and anyone else the doctors might need for their clinics. The doctors in the network don't have to acquire buildings or equipment, which means they don't make decisions based on the necessity to pay for buildings, equipment, salaries and utility bills. Instead, they are granted the autonomy to make medical decisions that are best for their patients. “You have a physician who is solely focused on delivering medicine to you,” says Dr.

As a member of the Willis-Knighton Physician Network, Dr. Self is able to focus on her patients and let the network handle the business side of her practice.



Flake. "He or she is not strapped down by overhead. We can treat the patient, not our pocketbook."

Care Close to Home

The convenience of having a strong provider network right here at home can't be overstated. "This means that patients don't have to travel long distances to receive high-quality care from some of the nation's best physicians," Stroud says. From primary care to cardiac care to cancer treatment, in most instances, people don't have to travel outside of Shreveport-Bossier to receive the best care available.

"Why would you need to go to another system when we have all these specialists here?" asks Laura Kimball-Ravari, MD, an endocrine and thyroid specialist in the Willis-Knighton Physician Network. Dr. Kimball-Ravari says she will refer a patient outside the network or the city if it's in her best judgment, but she knows "we have great, competent doctors who will take care of our patients locally." Plus, she says, "calling another healthcare organization is just another step when I'm trying to find answers."

Improved Communication

Nearly all Willis-Knighton's physicians share the same electronic health record system, which will allow for medical information to be shared seamlessly across all specialties of care. "This means that after a patient visits his primary care provider, all information collected at the visit is stored in the electronic health record for the next physician to access," Stroud says.

This process will save patients time and money because services, such as lab testing and imaging studies, do not need to be duplicated. Additionally, a common electronic health record system allows these tests to be read and



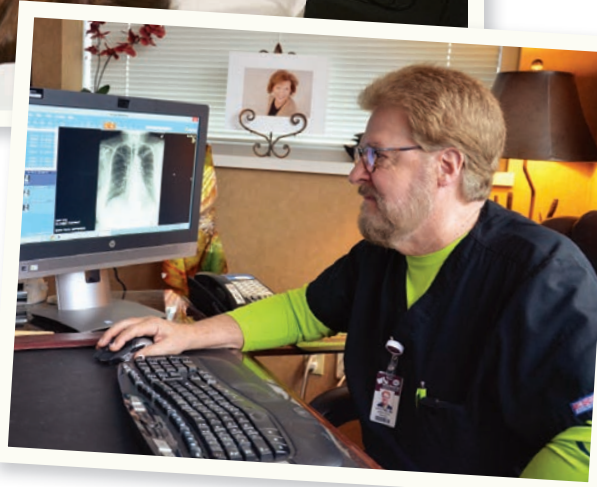
ABOVE: Laura Kimball-Ravari, MD, uses ultrasound technology to see a patient's thyroid gland. **RIGHT:** Larry Flake, MD, another network member, reads a chest X-ray.

shared immediately among network doctors. Stroud says this is important because "immediate turnaround times are imperative when time is of the essence in critical situations."

Dr. Kimball-Ravari sums it up, saying, "we have access at our fingertips to a lot of information." Both she and Stroud say the sharing of information among physicians will continue to become more streamlined. "As a specialist, I usually don't get to see patients until they have seen several other people, so I'm drawing information from a lot of sources. It's very important to for me to be able to communicate efficiently with other doctors."

Putting People First

As a patient, you benefit from seeing network doctors in ways you likely will never realize. Dr. Self says the streamlined communication of the network also benefits patients by improving the relationship the physi-



cians have with each other. "When I call, I know they will answer, or I can simply walk down the hall to another specialist to ask questions."

Dr. Flake says the network gives patients "better access to healthcare across the board." Often, that care is less expensive, because Willis-Knighton negotiates rates with insurance companies, representing a large group of physicians. "That's huge for patients," he says. "Huge."

Willis-Knighton designed this comprehensive network with the community in mind: efficiency and cost effectiveness. Coordinated care. World-class technology. Proactive, expeditious communication. And, as Dr. Flake says, for you, the patient, that's huge. ■

THE SURGERY OF THE FUTURE

Robotic-assisted surgery gives doctors more precision—and the community better care BY MARILYN S. JOINER



“You mentioned robotic surgery. I’m not sure I want to be operated on by a robot,” the patient says. “Don’t worry,” the doctor explains, “I’ll be performing your surgery. The robotic will only assist.”

This imaginary conversation has likely taken place more than once as robots have moved from the manufacturing arena to healthcare. Today, millions of people throughout the world have benefited from the advanced technology known as robotic-assisted surgery.

Destin Black, MD, of Gynecologic Oncology Associates, is an experienced robotic surgeon who says she frequently has to explain that the robot is not doing the surgery. “The robotic is a tool,” she says, one that provides the surgeon and the patient with great advantages, such as the ability to work efficiently in small spaces that could formerly be reached only with a large incision. When she

discusses the procedure, Dr. Black affirms that, as the surgeon, she’s always in control of both the robotic equipment and the surgery.

Destin Black, MD, poses with the surgical team to celebrate her 1,000th robotic surgery, which she completed in November 2018.



A New Milestone

Dr. Black performed her 1,000th robotic surgery last fall and continues to offer this technology to the community. Because not every gynecologic patient is suitable for the robotic technique, it takes gynecologic oncology surgeons like Dr. Black a bit longer than others to reach this kind of milestone.

Intuitive, the company that manufactures the da Vinci Surgical System used at Willis-Knighton, tracks surgeries across the nation and the world. An Intuitive representative told Dr. Black at the time of her milestone surgery that her run rate (the number of surgeries per quarter) was in the top 5 percent in the nation, including both benign and cancer gynecologic surgeries.

Willis-Knighton currently has seven da Vinci Surgical System robots, making the technique available to surgeons and the community at its four general and acute care hospitals. With the availability of this technology throughout the health system, the surgical teams at Willis-Knighton are highly experienced.

Better Recovery

Dr. Black appreciates that WK not only offers this technology but also has specialized surgical support teams trained in the robotic technique, people who are accustomed to working together. “The way we have this team set up is very efficient in the operating room, so patients are not under anesthesia as long as might be expected,” she says.

That’s just one benefit to the patient. It’s also minimally invasive. Dr. Black says procedures that she could once do only using a long incision now can be done with smaller incisions with the help of the robotic tool. “Larger incisions can be very painful, slower to heal and often keep patients in the hospital for several days.”



Kamel Brakta, MD, manipulates the robot using hand controls and a viewing monitor that allows him to see detail during surgery.

The smaller incisions and low risk of complications make robotic surgery attractive for Kamel Brakta, MD, of WK Robotic & Laparoscopic Surgery. “I consider robotic surgery to be one of the most dramatic advances in surgical technology,” he says. Dr. Brakta also says the robotic technology has taken minimally invasive surgery, known as laparoscopic surgery, to the next level of effectiveness and efficiency.

But he agrees that robotic surgery is not right for all of his patients, though he considers it to be the gold standard for common surgeries such as hernia repair, appendectomy and gallbladder removal.

Advancing the Field

Minimally invasive surgery was an advance over traditional surgery, allowing procedures to be performed using instruments that fit into several small incisions. However, it does not offer the 3D imaging and articulated instruments provided by robotic equipment, enhancing the surgeon’s ability to see more and manipulate instruments in small, delicate areas.

Many of the patients Dr. Brakta treats for hernia repair, for example, are young, active people whose hernias eventually interfere with their comfort and ability to enjoy an active lifestyle. “Depending on the type of hernia and the patient’s condition, those who undergo robotic-assisted surgery return to work in several days, not several weeks, as was previously the case,” he says. “They regain their active lifestyle much quicker and are less likely to have a recurrence.”

Robotic surgical techniques are available for abdominal, gynecologic, urologic, bariatric and other common surgeries. If you are considering surgery and want the benefits including less pain, shorter recovery and minimal scarring, consider a surgeon at Willis-Knighton who offers this advanced technology. ■

A BRIEF HISTORY OF ROBOTS

Stanford University says that the concept of a robot—a mechanical device that carries out the task of a human—was envisioned as early as 3000 BC. A review of surgical science in *Annals of Surgery* in 2004 notes that the word “robot” was coined in 1921 by a Czech playwright. It came from the Czech word “robota,” which means “forced labor.”

Robots as we know them today really captured modern imagination with the development of “Unimate,” which was then a programmable method for transferring articles, by George Devol, an inventor in Louisville, Kentucky, in the early 1950s. He envisioned selling Unimates as a product, but that didn’t work out as anticipated. In the late 1960s, however, Joseph Engelberger, an engineer and businessman, acquired Devol’s patent and modified it to the first industrial robot. He is frequently referred to as the father of robotics.

Annals of Surgery notes that the use of surgical robots began in 1985 with an instrument that allowed surgeons to perform neurosurgical biopsies with greater precision. The da Vinci Surgical System was tested in 1997, and Intuitive, its developer, marketed and used it in Europe while awaiting Food and Drug Administration approval in the U.S., which came in 2000. It was first approved for use in prostate surgery, but today the da Vinci system is approved for a large variety of surgical procedures. Willis-Knighton has seven da Vinci Surgical Systems that are used to provide the best care to the community.



LEFT: Making caramel apples for Halloween is the type of activity that keeps residents like Mary Grubb and Bitsy Smith, right, involved and excited about living at The Oaks. BELOW: Tower resident Mary Grubb, center, with friends Lavella Chrisman, left, and Ruth Lewis, says activities at The Oaks of Louisiana provide residents with endless fun.

CELEBRATING LIFE TOGETHER

How one Oaks resident and her friends find the joy in life



One by one, the group of four takes their place around the table. It's Trivia Tuesday, and the team of Mary Grubb, Ruth Lewis and Sam Smith are ready for another spirited competition in what has become one of Tower at The Oaks' more popular activities.

A question is asked, and team members whisper among themselves as they agree on their answers and write them down. At Mary's table, though, seriousness is mixed with frivolity. She can't help herself. Mary loves life and exudes joy in most everything—even a serious trivia competition.

"Oh my gracious, it's so much fun," Mary says. "It's my favorite thing to do. You'd be amazed at some of the questions and more amazed that you know the answers!"

The exuberance in her voice as she describes living at The Oaks of Louisiana gives way to laughter, which comes from her mouth and in her eyes and the way her face changes as she speaks of her life today.

A resident of the Tower since moving from Ohio in 2012 to be near daughter Betsy Sample, Mary brought with her inexhaustible joie de vivre. "I love everything about

life here," she says. "There is so much to do. We have so much fun."

She particularly enjoys Taste of the Town off-campus dining excursions and monthly birthday parties, social events, and special activities and programs. Staying physically and mentally active, she knows, is good for her overall well-being.

So are friendships. Close friends Ruth, of her trivia team, and Lucille Williams, among others, enrich her life and are often co-conspirators in any harmless fun directed at another unsuspecting friend.

"Friendships at our age are entirely different from friendships we formed while raising our families," Mary says. "We depend on each other. We check on each other."

"We" primarily includes all the residents on the first floor of the D wing of the Tower. "We have all bonded so well," Mary says. "We are all outgoing and all are game for about anything. We celebrate birthdays and have everyone over to our apartments. We eat lunch together. We enjoy each other and being together."

Life is good. ■





Just because a drug is sold without a prescription doesn't mean it isn't serious medicine. Sometimes different over-the-counter or prescription medicines can contain the same active ingredient. So when you take more than one medicine at the same time, it's possible to take too much of the same active ingredient. Read the label carefully to find out exactly what you're taking. When in doubt, ask your doctor or pharmacist.

It's simple. Read the label.

www.nclnet.org www.fda.gov/cder



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