

VIM & vigor

WINTER 2018

WK
WILLIS-KNIGHTON
HEALTH SYSTEM

Going BEYOND

35 ways to live well, even with
health challenges

PLUS Parkinson's disease hasn't
stopped **Michael J. Fox** from
pursuing his passions

CURING CANCER WITH
BRACHYTHERAPY

*Stay active at
The Oaks by
moving sooner*

THE HISTORY OF
WILLIS-KNIGHTON'S
CONVENIENT CARE



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Building a New Community

How one woman's move to The Oaks enabled a new chapter in her life.

GIVING THANKS

Reflections on thankfulness at Willis-Knighton



What are you thankful for today? I wonder what would happen if, instead of focusing our thanksgiving on a single day, we thought about it daily. I suspect we would all begin to realize that there are more things good about our lives than we might have previously considered.

Thankfulness takes on special meaning for people when they move to The Oaks of Louisiana. For them, it's thankfulness for new friends, security and a rich variety of things to do. It's also giving thanks for the things new residents no longer have to worry about, such as housekeeping duties, home and lawn maintenance and cooking three meals a day. Terrie Roberts writes about making a move to The Oaks while still independent and enjoying all the lifestyle has to offer. Her story is on page 49.

When a person receives a diagnosis of cancer, one thing he or she can be thankful for is excellent physician care and technology at the Willis-Knighton Cancer Center. Willis-Knighton was the first to bring proton therapy to Louisiana, and experts from throughout the country and the world come here to learn from our physicians. Darrell Rebouche's story on brachytherapy and the role it played in the treatment of two people is on page 52.

Convenience is a key factor in making our lives better, one that many are also thankful for. Today we have information conveniently at our fingertips through our smartphones, and we can pick up a variety of food and beverages without leaving our cars. But convenience is also a key factor in healthcare, too. We at Willis-Knighton are especially proud to be able to offer emergency services within eight minutes of most people who live in Shreveport/Bossier. Marilyn Joiner's story on page 54 details the evolution of convenience at Willis-Knighton.

I am thankful for the people who work at Willis-Knighton to provide quality healthcare, people who work diligently to enhance life in our community and for those who support and protect our country. As Thanksgiving Day kicks off the holiday season, join me in reflecting on the things you are thankful for and the joy that is all around us. On behalf of the WK family, I wish you and your family a happy holiday season and a healthy new year.

James K. Elrod
President and CEO



VIM & VIGOR

PRESIDENT AND CEO, WILLIS-KNIGHTON HEALTH SYSTEM

James K. Elrod

FACILITY ADMINISTRATORS

Jaf Fielder, Willis-Knighton Medical Center
Keri Elrod, Willis-Knighton South
Todd Blanchard, WK Bossier Health Center
Sonny Moss, WK Pierremont Health Center
Margaret Elrod, The Oaks of Louisiana
Joshua Mason, WK Innovation Center
Ryan Smith, WK Rehabilitation Institute

REGIONAL EDITOR

Terrie M. Roberts

CONTRIBUTORS

Kim Foulk, Marilyn Joiner, Darrell Rebouche, Lyne Robinson,
Holly Sanders

PRODUCTION

EDITORIAL

ASSOCIATE CREATIVE DIRECTOR: Matt Morgan
EDITOR-IN-CHIEF: Meredith Heagney
SENIOR ASSOCIATE EDITOR: Gillian Scott
ASSOCIATE CONTENT EDITOR: Sophia Conforti
COPY EDITORS: Mark Allen, Jenna Murphy, Erin West

DESIGN

VP, CREATIVE: Neil Russo
ASSOCIATE CREATIVE DIRECTOR: Tami Rodgers
CHIEF ART DIRECTOR: Cameron Anhalt
ART DIRECTOR: Molly Meisenzahl

PRODUCTION

VP, PRINT PRODUCTION: Laura Marlowe
PRODUCTION TECHNOLOGY: Cheryl Beaver, Mary Winters

CIRCULATION

DIRECTOR OF LOGISTICS: Kalifa Konate

ADMINISTRATION

PRESIDENT: Eric Goodstadt
SVP, CLIENT SERVICES: Laura Yoars
GROUP CONSULTING DIRECTOR: Morgan Fourgeau-Ciers
GROUP OPERATIONS DIRECTOR: Amy Rachels



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Ornish-certified chef Billy Wiethaupt III prepares a heart-healthy, whole-food lunch for participants in the new Ornish Lifestyle Medicine program at Willis-Knighton.



Holly Sanders

During the nine-week program, participants establish a group that shares support and access to Ornish-certified staff, including a registered dietitian, stress management specialist, group support facilitator, nurse case manager and exercise physiologist. Each meeting features group time, exercise, stress management and an appetizing meal that corresponds with a heart-healthy, whole-food approach.

The heart-forward lessons learned during Dr. Ornish's program arm participants with the knowledge to maintain heart health and fight heart disease.

This Medicare-approved program began in July at WK Fitness & Wellness Centers. Although Medicare and some insurance companies already cover the Ornish program, other private insurance companies are expected to follow suit and approve coverage in the near future. ■

REVERSING HEART DISEASE

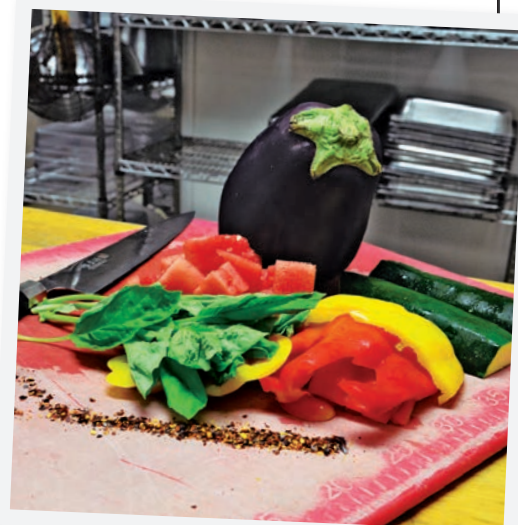
This lifestyle-based program aims to improve your life—and your heart health

► About 92.1 million Americans are living with some form of heart disease or the after-effects of stroke. Diet, exercise, medicine, surgical intervention and cardiac rehabilitation are all used to minimize or stop the effects of heart disease, though none are able to reverse damage or the progression of the condition.

Dean Ornish, MD, a native of Dallas, has been directing clinical studies for nearly 40 years. The studies demonstrate that comprehensive lifestyle

changes can begin to reverse even severe cardiac disease. Based on these results, Dr. Ornish created a heart program focused on the following areas: stress management, nutrition, fitness and group support.

Willis-Knighton Health System has introduced Dr. Ornish's transformative program to the area. A team from Willis-Knighton trained with Dr. Ornish's team and is excited about bringing this to our community and state.



Get Screened for Lung Cancer

Louisiana has the eighth-highest mortality rate in the United States due to lung cancer. Finding lung cancer early, when it's easier to treat, means a better prognosis. The Willis-Knighton Cancer Center is recommending a low-dose CT lung screening for people in high-risk groups, including:

- People between ages 55 and 77
- Current smokers or those who have quit within the past 15 years
- People with a 30-plus pack-per-year smoking history
- No current signs or symptoms, such as a persistent cough, chest pain, wheezing or weight loss

A referral from the doctor is required, so if you or a loved one meet these criteria, talk to your doctor about scheduling a scan. Most insurance plans, including Medicare, cover these screenings and do not charge a copay.



A technician reviews a patient's BrightMatter plan with a surgeon, allowing him to determine the best possible approach for surgery.

TECHNOLOGY UPDATE: BRIGHTMATTER

Target: People who require brain surgery.

Issues addressed: Imaging of the brain, surgical planning.

Solution: BrightMatter,[®] from Synaptive Medical Inc., provides a view of the brain in a 3D image with unprecedented detail. This technology supports surgical planning with enhanced accuracy and safety.

Introduced by: Jessica Wilden, MD, Tri-State Neurosurgery.



Jessica Wilden, MD

BY THE NUMBERS



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

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CATHETERIZATION
LABS

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CARDIAC CARE
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UPCOMING EVENTS

“JOYOUS VOICES SWEET AND CLEAR: CENTENARY COLLEGE CHOIR IN CONCERT”



Christmas is all about tradition, so what would the holidays be at The Oaks of Louisiana without the annual

Centenary College Choir Christmas concert? “Joyous Voices Sweet and Clear: Centenary College Choir in Concert” will kick off the holiday

season at the area’s premier senior

living community. The internationally acclaimed group,

known as America’s Singing Ambassadors, has traveled the world for seven decades and has a repertoire that ranges from Bach to Broadway, oratorio to opera, and world folk music to contemporary church music. The Centenary College Choir is directed by David Hobson, PhD, director of music at Centenary.

The Christmas concert, which will be preceded by a reception with punch and hors d’oeuvres, will offer the choir’s contemporary approach to classic Christmas favorites. “Joyous Voices Sweet and Clear: Centenary College Choir in Concert” is at 5:30 p.m., Thursday, Nov. 29, in the Alta and John Franks Community Centre, with reception beginning at 5 p.m. The event is free and open to the public. Register online at wkhs.com (click “Classes & Events”) or by phone at 318-212-8225.



“1-2-3 BULBS”

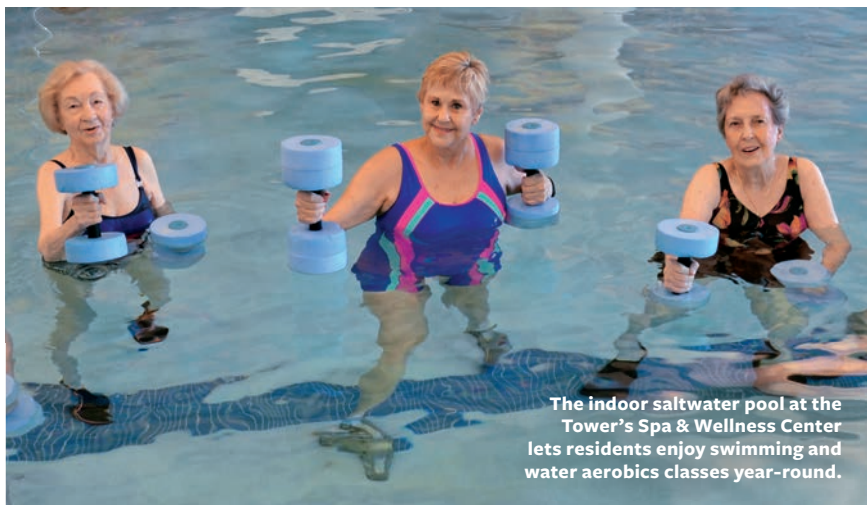


It’s winter and no one is thinking about the garden—but your garden bulbs are waiting for you. Join us on Wednesday, Jan. 23, for “1-2-3 Bulbs” to learn how to store, plant and feed your flower and plant bulbs to make your garden the envy of all the neighbors. Local master gardeners will lead a discussion

on a variety of gardening topics, including the right time and the right way to get the best of your bulb blooms and tips on what to do at the end of the bulb’s season.

“1-2-3 Bulbs” is Wednesday, Jan. 23, at 10 a.m. in the Tower at The Oaks Ballroom. The event is \$10 and open to the public. Register online at wkhs.com (click “Classes & Events”) or by phone at 318-212-8225. All preregistered guests will receive a flowering bulb to take and grow at home.





The indoor saltwater pool at the Tower's Spa & Wellness Center lets residents enjoy swimming and water aerobics classes year-round.

AMP UP YOUR WINTER WORKOUTS

Facilities at The Oaks make staying active all year long easy



In the wintertime, finding ways to exercise can be difficult, as inclement weather can make walking outside or getting to a gym more challenging. But that doesn't mean you can let your health slip.

"Remaining inside with little to no activity is not just unhealthy for the body but the mind, too," says Holly Sanders, manager of Tower at The Oaks Spa & Wellness Center and group exercise coordinator for WK Fitness & Wellness Centers. "This is especially true for senior adults, who are generally more vulnerable to illness during the winter months and more prone to aches and pains in the cold."

But independent living residents at The Oaks of Louisiana don't have to worry about the weather getting in the way of their workouts. They can remain

active year-round due to a wide range of fitness offerings at Tower at The Oaks Spa & Wellness Center and the Alta and John Franks Community Centre at Garden Apartments at The Oaks.

The Spa & Wellness Center, at the north end of Tower at The Oaks, is the perfect place to strengthen and build all areas of the body and enjoy a little pampering afterward with a massage or trip to the salon. Tower residents never have to venture outside to get to the wellness center, and Garden Apartment residents can be transported by town car at their request.

The wellness center's fitness room features Keiser pneumatic resistance equipment designed for senior adults, which allows them

to work muscles without overstressing joints or connective tissue.

Meanwhile, the natatorium houses the most inviting saltwater pool you can imagine: 40,000 gallons of 88-degree water surrounded by floor-to-ceiling glass and a beautiful view of the outdoors. A fabric duct distribution system also provides consistent and uniform air dispersion that controls humidity and eliminates drafts, which lets residents enjoy water workouts in comfort.

Fitness classes are also offered, including water aerobics, yoga, chair dance and brain fitness, among others.

"An active lifestyle is key to a long life," Sanders stresses. "In winter, you might not feel like working out, but if you want to live a longer, healthier life, it is important to exercise year-round. Exercise improves cardiovascular health and respiratory health, increases mobility and flexibility, and boosts immunity, mood and outlook."

And, for older adults, it reduces their chance of falling. "Moving your body regularly helps keep your joints lubed and your muscles toned, which leads to overall health," Sanders says. "Staying active is critical—not just part of the year but all year long." ■

Lavella Chrisman (left) and Nina Russell take advantage of one of many classes offered at Tower at The Oaks Spa & Wellness Center.



SPIRITED SOUPS

Chilly weather? Warm up with these dishes

Beef Stew

INGREDIENTS

- 2 tablespoons olive oil
- 2 pounds beef (short rib, preferably), diced
- 2 cups celery, diced
- 2 cups carrots, diced
- 4 cups onion, diced
- 2 cups red bell pepper
- 1 tablespoon garlic, minced
- Salt and pepper to taste
- 2 cans smashed tomatoes
- 1 tablespoon dry oregano
- 1 tablespoon dry thyme
- 1 tablespoon dry basil
- 1 10-ounce bag frozen peas
- 1 10-ounce bag frozen green beans
- 1 10-ounce bag frozen whole kernel corn
- 3 16-ounce cans chicken stock/broth

INSTRUCTIONS

Heat olive oil in pot over medium-high heat. Add diced beef to pot and brown evenly.

Add celery, carrots, onion, bell pepper, garlic, and salt and pepper. Sauté until vegetables have a nice color.

Add tomatoes and herbs and let stew for 10 minutes on medium-high heat. Add frozen vegetables and let stew for another 10 minutes. Add chicken stock and let simmer for 1½ to 2 hours.

Yield: 6 servings

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



Winter Greens and White Bean Soup

INGREDIENTS

- 1½ cups onion, coarsely chopped
- 1 tablespoon garlic, minced
- 4 cups low-sodium vegetable broth, divided
- 2 15-ounce cans cannellini or navy beans, rinsed and drained
- 2 cups sweet potatoes, peeled and coarsely chopped
- 2 tablespoons miso
- 2 teaspoons fresh thyme, divided
- ¼ teaspoon fine sea salt
- ¼ teaspoon freshly ground pepper
- 2 cups firmly packed kale or chard, tough ribs removed, roughly chopped
- 1½ ounces crushed red pepper flakes, optional

INSTRUCTIONS

In a 3-quart saucepan over medium heat, combine onion, garlic and ½ cup of the broth. Cook, stirring frequently, until onions are softened and transparent, about 10 minutes.

Add the remaining broth, beans, sweet potatoes, miso, ½ teaspoon of the thyme, salt and pepper. Bring to a simmer and cook until sweet potatoes are tender and flavors have melded, about 10 to 15 minutes.

Add kale and remaining thyme. Simmer until kale is tender, about 3 to 4 minutes.

Taste for seasoning, adding more miso or pepper as needed. Sprinkle with crushed red pepper flakes before serving, if desired. This soup is best made one to two days in advance; cover and refrigerate until needed.

Yield: Six 1-cup servings

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



MANAGEMENT PROFILE

Melding Finance with Philanthropy

As the senior vice president for finance at Willis-Knighton Health System, **Mary Jane Ward** is charged with leading the entire financial direction and management of the health system. It would be unfair and inaccurate, though, to assume she is only motivated by the almighty dollar. “People think someone in my position is responsible only for ensuring we make a profit, but a percentage of our profits is tithed back to our community,” she says.

Ward, who has more than four decades of healthcare finance experience, has spent the past 24 years at Willis-Knighton. She came from the for-profit healthcare world and quickly found reward in embracing Willis-Knighton’s commitment to philanthropy.

During her tenure, Ward’s responsibilities have grown with the health system. She started as the assistant director of finance and now oversees materials management, health information management, information technology, revenue cycle and accounting. She plans to continue her rewarding career at Willis-Knighton, where she believes she can make a difference in her work to help both the community and the system’s dedicated employees.



WK EMPLOYEES

Optometrist of the Year

If you spend any time with **Stephen Lewis, OD**, it’s quickly evident that he’s easy to like. The people around him at WK Eye Institute say he’s one of the most approachable people, a consequence of his engaging wit and reassuring laugh. It’s no surprise then that over the course of 31 years as an optometrist at Willis-Knighton, Dr. Lewis has earned the trust of countless patients, many of whom are his colleagues.

Now, he is recognized across the state as one of the best at what he does. The Optometry Association of Louisiana named Dr. Lewis as the 2018 Optometrist of the Year.

“I really appreciate this award and am truly honored,” he says. “To most people, optometry means eyeglasses and contact lenses, but there’s so much more than that. Our profession has evolved over time, becoming more medical-surgical oriented, and my years of experience in that arena have afforded me some respect from my peers.” That respect has led to colleagues seeking Dr. Lewis’s advice, training and mentorship.

Other symptoms include cognitive impairment, problems sleeping, low blood pressure when standing, constipation, speech and swallowing problems, unexplained pains, drooling, loss of smell, and mood disorders such as anxiety and depression.

Movement problems are “just one part of the disease,” Lehr says, and some of the lesser-known symptoms can be just as devastating.

“If you’re, say, someone who loves food and you lose your sense of smell and your sense of taste, think about the quality-of-life issues that come along with that,” Lehr says.

The good news? People with Parkinson’s tend to live about as long as people without it.



A Mysterious Disease

What exactly causes Parkinson’s is still unknown.

“It’s a very complex disease,” says Leslie A. Chambers, president and CEO of the American Parkinson Disease Association. “It’s not probably a single cause. We think it’s a combination of environment and genetics.”

Risk factors include age, being a man, having a relative with Parkinson’s disease and ongoing exposure to herbicides and pesticides. But even some of these risk factors are iffy: Experts say your hereditary risk is still small unless you have several relatives with Parkinson’s, and exposure to toxins appears to increase risk only slightly.

Because doctors don’t really know what causes the disease, it’s impossible to say how to prevent it. Studies have shown that caffeine consumption and smoking (yes, smoking) are associated with lower rates of Parkinson’s. This is, of course, not an invitation to smoke—smoking contributes to heart disease, stroke and diabetes and is the leading preventable cause of death worldwide.



Diagnosis and Treatment

For some diseases, doctors perform a test, offer a diagnosis and prescribe medicines. Things aren’t that simple with Parkinson’s.

There is no definitive brain scan or blood test, and there’s no cure.

To diagnose Parkinson’s, doctors look at a person’s medical history, perform neurological exams and look for two or more of the cardinal signs. Doctors also often prescribe Parkinson’s medications and look to see if these work as evidence that they have the right diagnosis.

Although there’s no cure for Parkinson’s, a number of treatments can manage symptoms of the disease, including:

Levodopa/Carbidopa

The most widely prescribed Parkinson’s drug dates back to the 1960s. Levodopa is converted in the brain to dopamine, the chemical that is missing in the brains of people with Parkinson’s. Carbidopa is a drug that helps levodopa get into the brain and limits levodopa’s side effects. The drugs are often combined.

Deep Brain Stimulation

Deep brain stimulation delivers electrical pulses to brain cells to decrease symptoms and is the most common surgical treatment for Parkinson’s. It’s usually performed on people who have had Parkinson’s for at least four years and still get a benefit from medication but have motor complications.

Other treatments can help people manage Parkinson’s symptoms, including symptoms that aren’t related to movement. For example, diet and lifestyle changes, along with fiber supplements, are options for treating constipation.

Other drugs are in development, including options that aim to prevent, slow or stop the progression of Parkinson’s by targeting proteins and pathways known to play a role in the disease.

LIVING WITH PARKINSON’S

Hearing “you have Parkinson’s disease” is life-changing, and it can be scary to know that there is no known cause or cure.

The good news is that people with Parkinson’s who receive proper treatment often have the same life expectancy as the general population, says Jessica Wilden, MD, with Tri-State Neurosurgery. She says living with Parkinson’s is all about managing symptoms.

“A little shakiness in your hand over time can affect how you walk, talk, sleep and think,” Dr. Wilden says. “Simple lifestyle changes such as reducing stress, getting enough sleep and exercising have incredible impacts. Staying proactive paired with other tools, medications and treatment, such as deep brain stimulation, can improve quality of life.”

CALL



Get Help

Parkinson’s affects everyone differently. If you have symptoms you can’t explain, call Willis-Knighton’s Find a Doctor line at **318-212-8892** for help finding the right doctor for you.

Fox relishes his front-row seat to such research through his foundation.

“A funny thing happened,” Fox told *AARP The Magazine*. “Doctors reached out to me. And I reached out to doctors. More important, the Parkinson’s community reached out to me, and I immediately felt better, just empowered, knowing there were people who understood what I was going through.” ■

and kidney dysfunction and liver damage, says Gregg Fonarow, MD, cardiologist and spokesman for the American Heart Association.

“Approximately 6.5 million Americans have heart failure, and there are about a million new cases each year,” Fonarow says. “It’s common and costly and contributes to premature death, so it’s really important to know the warning signs and get diagnosed and treated early—and work to prevent heart failure in the first place.”



RECOGNIZE *the Risks*

The two biggest risks for heart failure are high blood pressure and coronary artery disease, the most common type of heart disease, where the arteries that supply blood to the heart narrow and harden, Fonarow says. Diabetes, excess weight and obesity, and lack of physical activity can also contribute to your risk, as can older age.

“The likelihood of heart failure increases with age, yet it can occur at any age, and individuals with risk factors are at a greater risk even when they’re younger,” he says.



WATCH *for Signs*

Heart failure has several common symptoms you should look out for, including:

- Shortness of breath with everyday activities, like going up a flight of stairs or walking a block or two—things you could previously do with ease.
- Unexplained swelling in your legs, feet or ankles.
- A dry cough that becomes more pronounced when lying flat versus sitting or standing.
- Trouble sleeping or breathing when lying flat.
- Feeling generally fatigued without any other explanation.

- Rapid, unexplained weight gain from fluid retention (3 or more pounds in a day).

- Confusion or memory loss.
- A racing or throbbing feeling in your heart.

“It’s important to note that these symptoms can also occur with other conditions, so if you experience them, seek appropriate medical attention rather than trying to diagnose yourself,” Fonarow says.



PRACTICE *Prevention*

Here’s some good news about heart failure: It is preventable.

“Approximately 80 percent of cases that occur could have been prevented,” Fonarow says. “Many of the risk factors for heart failure themselves are preventable, like type 2 diabetes, for example.”

He recommends working with your care provider to learn your personal risk factors and taking proactive steps toward prevention. That means—you guessed it—eating a balanced diet, exercising regularly and keeping your weight, blood pressure, cholesterol and glucose levels in a healthy range. Your provider can help you achieve all of that.



TELL *Your Doctor*

Perhaps the most important advice Fonarow offers is to seek care quickly if you have worrisome symptoms, as early treatment can improve your prognosis.

“A lot of people see their primary care physician and get diagnosed with upper respiratory problems or bronchitis when it’s really heart failure,” he says. “If your symptoms are not responding to treatment based on that original diagnosis, follow up with your physician to confirm it’s not something more serious.” ■

WEBSITE



Your Heart in Our Hands

Your heart’s in the right place at Willis-Knighton Heart & Vascular Institute, which features the most comprehensive heart services in the Ark-La-Tex. Learn more at wkhs.com/heart.

GETTING OVER HEART FAILURE

Heart failure. It sounds frightening.

“A diagnosis of heart failure is not a death sentence,” says Robert Martin, MD, FACC, FSCAI, of Pierremont Cardiology in Shreveport. “Appropriate diet, drug and device therapy can make a dramatic impact on one’s survival.”

Dr. Martin emphasizes the importance of properly managing sodium. “Salt is poison to people with heart failure,” he says. “Most physicians would agree that patients with heart failure should limit their sodium intake to 500 mg per meal or 1,500 mg per day.”

Device therapy could include a pacemaker, an implantable cardiac defibrillator or a left ventricular assist device, depending on a person’s needs.

Medications can help, too. “A variety of medicines used in combination are highly effective in improving survival and reducing hospitalizations in people with heart failure,” Dr. Martin says.

V&V: *Why is the HPV vaccine so critical?*

Saslow: It prevents six types of cancer. It doesn't get any more important than that. You look at the numbers and the harms that these diseases can do. Why wouldn't a parent rush their child to the doctor to get it? All it takes is two shots and they're done. For parents who say, "My kid doesn't need this," we point out that most kids aren't going to get any of the diseases they're vaccinated for. But we get them vaccinated. Most people are not going to lose their home in a fire or total their car, but we all get insurance, and that's what this is. Approximately 39,800 new cases of cancer are diagnosed each year in parts of the body where HPV is typically found; the virus is responsible for around 31,500 of these cancers.

V&V: *What are the most common myths and misconceptions that keep parents from vaccinating their children against HPV?*

Saslow: Myths about the HPV vaccine causing autoimmune diseases or infertility still circulate on social media, and they're completely false. Some parents are concerned the vaccine will increase promiscuity, but studies have shown kids who get vaccinated have the same sexual behaviors as kids who aren't vaccinated—and if anything, they're safer. The rates of vaccinating boys have almost caught up to girls, but there are still a lot of people who don't realize this is for boys, too. They think it's just for cervical cancer.

PROTECT KIDS AGAINST HPV

Recent research shows that the human papillomavirus (HPV) vaccine has already begun lowering incidences of HPV infections since its introduction in 2006.

"We're trying to educate parents to make sure their kids are getting this vaccine," says Kristy Waltman, MD, an obstetrician and gynecologist at Pierremont Ob-Gyn Specialists in Shreveport. "If we can prevent the spread of HPV by vaccinating our girls and boys when they are pre-adolescents, it's worth it."

Dr. Waltman says that even though HPV can also lead to some cancers in both men and women, some parents have concerns. "They don't want the vaccine to be a passive OK for their children to become sexually active," she says. "I think as people understand that HPV leads to conditions such as cervical cancer and cervical dysplasia more and more, which is precancer, the vaccine will become more accepted."

V&V: *When should your child be vaccinated?*

Saslow: Vaccination is recommended at age 11 or 12 and can start as early as age 9. It's given in two shots, with six to 12 months between each, and the series should be completed by age 13.

V&V: *Why should kids be vaccinated at this age?*

Saslow: There are two big reasons. First, while we don't know when an individual will start having sex, we do know they're highly likely to get HPV soon after. In fact, HPV is so common that approximately 4 out of 5 people will get the virus at some point in their lives. Plenty of teens aren't having sex, but many of them are. About 80 to 90 percent of people will get some exposure to HPV by mid-adulthood, and we don't know who will go on to get cancer. Second, we have a stronger immune response as children and develop better protection against HPV at this younger age than in our teens or 20s.

WEBSITE



Get Tested

A Pap smear is used to detect cancerous and precancerous cervical lesions. An HPV test can be done in conjunction with a Pap, and it can determine the presence or absence of HPV. Learn more at wkhs.com/vim/hpv-dna.

V&V: *Are there any potential side effects?*

Saslow: We know the vaccine is as safe at ages 11 and 12 as it is at age 18. Minor side effects like soreness at the shot site can occur, as they can with other vaccines. Serious side effects are rare. The most common is fainting, which normally wouldn't be serious, but if children or teens hit their head, that could be serious. Another serious and very rare side effect is an allergic reaction. The HPV vaccine contains yeasts, so if the child is allergic to yeast, he or she shouldn't get the vaccine. ■

Americans have Alzheimer's disease, and more people die from it than breast and prostate cancers combined. We'll explore what the research has shown us in recent years and where it's headed.

RECOGNIZING Problems Earlier

In the last five years, doctors learned something interesting yet devastating about the importance of early detection of Alzheimer's and how challenging it will likely continue to be.

"By the time a person's brain has been damaged enough to show behaviors we recognize as the start of dementia, like short-term memory loss, the problem has been going on for around 20 years," Schoepfoerster says.

But brain imaging research is working to make problems easier to detect. Positron emission tomography (PET) scans done with molecular imaging tracers (known as radiotracers) that bind to proteins in the brain can reveal how abnormalities accumulate over time, and this can help with earlier diagnosis and monitor disease progression.

MAKING TREATMENT More Effective

Because it's still so challenging to diagnose Alzheimer's early, most of today's medications are designed to temporarily slow the worsening of symptoms.

"There are five or six medications we use now to try to decelerate the damage, but they don't work that well because they are coming in at the end of the process," Schoepfoerster says.

Researchers are working to improve effectiveness of treatments by targeting specific brain changes. As with current treatment regimens for AIDS and cancer, the future of Alzheimer's treatment may require a cocktail of medications targeting multiple brain changes.

BUILDING HOPE Through Prevention

Preventing dementia is a growing focus area for researchers, and Schoepfoerster notes that a prime example is the new Alzheimer's Association U.S. Study to Protect Brain Health Through Lifestyle Intervention to Reduce Risk, which began recruiting participants this year. This large-scale study, known as POINTER, will follow 2,500 people at risk for dementia due to circulation problems such as diabetes, high blood pressure, stroke or heart attack to determine whether lifestyle interventions like exercise, a healthy diet, brain activities and social interaction can delay or even prevent cognitive decline. There is already some research pointing in this direction.

Exercise, good nutrition and social stimulation seem to make a difference, Schoepfoerster says. But researchers have recently discovered something new about the cognitive piece: Brain games only help your brain get better at the particular game you're playing and don't translate beyond that.

"If you're really trying to improve cognitive function or slow its decline, you need to stimulate your brain with

new things, like learning a new language, reading books if you weren't a reader before or taking up singing," he says.

Knowing all that we've learned in recent years—and all the research that's ongoing and planned—Schoepfoerster thinks it's unlikely we'll see a cure anytime soon, but that Alzheimer's will someday be a chronic condition like diabetes or heart disease.

"We may eventually reach a level like we are with hypertension, where if you take your medication, your condition can be well-managed," he says. "But there's still a lot of work to get there." ■

WEBSITE



How Exercise Can Improve Memory

A recent study found that regular, home-based exercise improves function in people with memory disorders. Get more information at wkhs.com/vim/home-based-exercise.

CARING FOR A LOVED ONE WITH ALZHEIMER'S

Behavioral changes in someone with Alzheimer's disease can be especially tough on those providing care.

"Caregivers for people with Alzheimer's are very important because they actually take over everything the person is unable to do, from toileting, bathing, dressing, preparing meals and managing medications," says Robert L. Savory, MD, of WK Family Medical Center in Shreveport.

Dr. Savory specializes in caring for older people. He also says people with Alzheimer's might wander away or exhibit other behavioral challenges. "We really worry about caregivers, because many times they experience burnout before the person does," he says.

Dr. Savory strongly advises that caregivers also take time to care for themselves. "Take a step back and find some help so you can take a break, maybe take a vacation and get your own medical care taken care of," he says.

→ **What is my relationship to food?** Tanie Kabala, PhD, a psychologist and the author of *The Weight Loss Surgery Coping Companion*, says some people who are obese use food to self-soothe. An eating disorder therapist can suggest alternative coping methods such as meditation, journaling, imagery exercises and breath work. “It’s best to do this in advance so they aren’t stuck going, wow, I’ve just had major surgery, my body has changed, and now I can no longer binge eat to escape emotions,” Kabala says.

→ **Am I facing life changes?** If you’re switching jobs, ending a relationship, facing financial woes or going through another major event, you’ll want to consider postponing surgery until things are calmer. Weight-loss surgery can be stressful enough without piling on other concerns.

→ **What support will I need afterward?** Some surgeons run patient groups that meet regularly, and sites like ObesityHelp (obesityhelp.com) give people the chance to swap stories with others. And even for those who don’t struggle with emotional eating, a therapist can be helpful, Kabala says. “After surgery is a real profound time of identity development; it’s kind of a rebirth. They are doing things they haven’t been able to do. It’s overwhelming, and having a professional help them navigate the changes is a valuable idea.” ■



Surgery Styles Explained

When it comes to bariatric surgery, there is no “one size fits all,” says Kamel Brakta, MD, of WK Robotic & Laparoscopic Surgery. People’s preferences and health factors, such as diabetes, hypertension and sleep apnea, play a role in choice of surgery. Dr. Brakta explains the three main bariatric procedures:

1. Gastric Bypass. During this procedure, the stomach is separated into two parts: a small “pouch” the size of a golf ball at the top, and a much larger portion that will remain but no longer be used. The small intestine is rearranged to connect to the pouch, so that fewer calories are absorbed and people feel full faster.

2. Laparoscopic Sleeve Gastrectomy. This procedure reduces the stomach to about 25 percent of its original size by removing a large portion. During this surgery, which is the fastest-growing weight-loss surgery option, levels of ghrelin (a hunger hormone) are decreased, which leads to a reduction in appetite.

3. Gastric Band (Lap Band). A restrictive band is placed around the upper part of the stomach, which forms a small pouch with a narrow opening to the lower stomach. The gastric band is the least popular bariatric procedure because it results in the lowest amount of weight loss over time and tends to have a higher rate of complications, Dr. Brakta says.

CLASS



Join the Community

Willis-Knighton’s bariatric support group provides education and resources to anyone who has had bariatric surgery or is considering bariatric surgery. To register, go to wkhs.com/vim/bariatric-group or call 318-212-8225.

That's because movement works better than medication to reduce pain by restoring flexibility to muscles that can spasm and grow tight lying in bed, Shah says.

"What's interesting is after they walk a little while, they start asking the question: What else can I do? They're very confident. The entire recovery curve changes," he says.

Other benefits of walking ASAP after surgery include:

- Confidence boost for patients that their bodies and implants can handle the activity, hastening recovery.

- Minimization of anesthesia side effects, including nausea.

- Decreased risk of blood clots, meaning aspirin can be used instead of heavy-duty blood thinners.

Booming Demand

The fear of joint replacement surgery is decreasing among the public. People putting up with pain and reduced mobility are coming off the sidelines to get surgeries as they see neighbors or relatives recovering in the comfort of their homes and moving around well within days, Shah says. That group is a major driver of surgery increases.

"They realize it's no longer the difficult task it used to be," he says.

People who need surgeries in their 30s, 40s and early 50s are comforted that implants are lasting longer, and people in their 70s and 80s are eager to live their remaining years with more movement and less joint pain.

When evaluating older patients for a new hip or knee, Shah relies on the person's physical health rather than age. The oldest person he's given a new hip joint was 81. The patient did great.

"An 81-year-old who is more like a 70-year-old is very much an outpatient candidate for hip," he says.

Shah works with many athletes and active people who return to vigorous exercise that historically has been

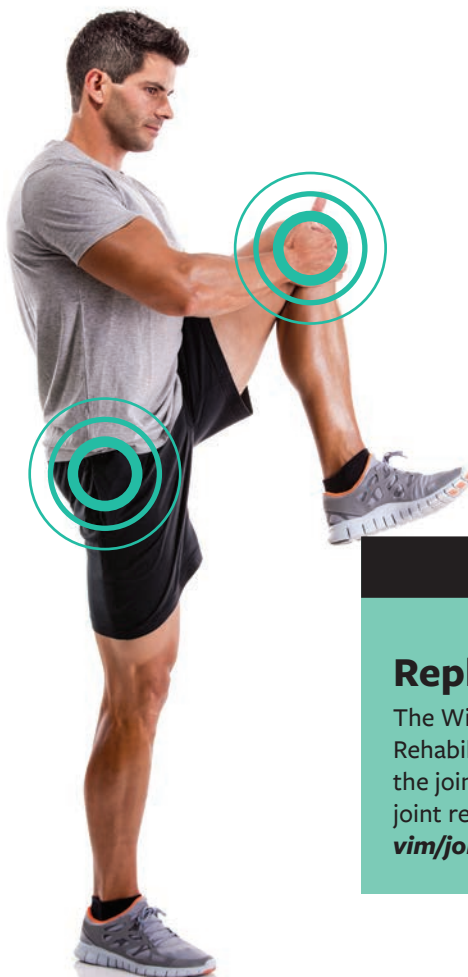
forbidden after surgery, he says. While long-distance running continues to be tough on implants, his patients ice skate, cycle many miles, ski and hike great distances, often resuming their activities within a week to a couple of months.

More Change Coming

The industry is in the infancy of using robotic technology to position implants more accurately, rather than relying solely on human hands, Della Valle says.

Studies are examining whether assistance technologies provide long-term advantages, and medical leaders are weighing whether the expensive additions improve patients' results.

Della Valle expects change to happen quickly. "In 20 or 30 years, are we still going to be using manual instruments to do hip and knee replacement surgeries? I'd say chances are no." ■



IS IT TIME FOR JOINT REPLACEMENT?

If you can no longer walk, climb stairs, get up from a chair or navigate day-to-day life without significant pain, it might be time to consider hip or knee replacement.

Pain that keeps you awake at night despite the use of medications, isn't relieved by rest or isn't helped by nonsurgical approaches, such as exercise and weight loss, are all signs that joint replacement might be a great option for you, says John T. Mays, MD, of Bossier Orthopaedics and Sports Medicine.

The most common reason for hip or knee replacement is osteoarthritis, Dr. Mays says. Osteoarthritis, which is most common in people ages 50 and older, occurs when cartilage on the end of a bone begins wearing away and pain and stiffness result. When the cartilage wears away completely, bones rub directly against each other, causing pain and decreased mobility.

"Joint replacement is so easy now that people should not wait until the problems are severe," Dr. Mays says.

EVENT



Replacement Resources

The Willis-Knighton Physical Medicine and Rehabilitation Institute offers insight into the joint replacement process at its monthly joint replacement camps. Go to wkhs.com/vim/joint-camp or call 318-212-8225.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

WALKING TO HEALTH

Did you know you can walk your way to a healthier future?

High-impact cardio is often thought of as the easiest way to stay in shape, but low-impact exercises can help you burn calories and lose weight, too. Walking, for example, is one of the most popular and easiest low-impact activities you can choose.

Dorothy Lindsay, exercise specialist with WK Fitness & Wellness Centers, says the benefits of a consistent walking program are endless. "Research shows walking can lead to longevity of life, increase heart and lung health, reduce risk of heart disease and stroke and can help with other chronic conditions such as hypertension, high cholesterol and diabetes," she says.

No equipment is required for a leisurely walk, and previous experience is not necessary. Lindsay says to start with 30 minutes per day. "Take your dog for a walk, check the mail or walk around the house, and then gradually increase your time," she says. "Just keep moving!"

CALL



Get Moving

Have you tried diet and exercise without achieving your desired goals? WK Fitness & Wellness Centers offer top-of-the-line equipment and instructors. Begin your journey to results and improve your lifestyle by calling **318-212-4475** today.

The house is clean and you burned calories? That's a win-win.



WORKOUTS THAT WORK: CLEANING HOUSE

As anyone who has cleaned house can attest, scrubbing, mopping and vacuuming will definitely make you break a sweat. A 150-pound person can burn 238 calories an hour while vacuuming or mopping—the same amount of calories burned when doing Pilates.

Intensity and working quickly are both necessary to get in a workout while cleaning. Here are some other tips for torching calories while tidying up:

- ▶ Don't carry all of your supplies with you—walk the extra steps to gather items individually as needed.
- ▶ Listen to fast music to set the pace and keep you moving quickly.
- ▶ Aim for large up-and-down movements when cleaning large surfaces.
- ▶ To clean area rugs, beat them with a broom to give your arms a workout.

PHOTOS AND ICONS BY GETTY IMAGES

TRUE OR FALSE:

If you have high cholesterol levels, you should eat less fat.

→ **FALSE.** “A low-fat diet is not something we recommend to get cholesterol levels down,” Eckel says. It’s specifically saturated fats—found in meat, dairy products and tropical oils like coconut and palm oils—that raise cholesterol levels.

Replacing saturated fats with unsaturated fats, which you can get from certain types of fish, walnuts, olives and liquid vegetable oils, may help lower levels of bad cholesterol.

TRUE OR FALSE:

Eggs are loaded with cholesterol, so it’s best to avoid them.

→ **FALSE.** “It’s difficult to give a simple answer,” Eckel acknowledges. Eggs do contain a lot of cholesterol, but it’s not fully known whether they’re harmful. The connection between cholesterol in your diet and cholesterol levels in your bloodstream isn’t clear. The bottom line? Restricting eggs is not recommended for lowering levels of bad cholesterol.

TRUE OR FALSE:

Eating a healthy diet can help keep your cholesterol levels where they should be.

→ **TRUE.** Eating mostly vegetables, fruits, whole grains, lean poultry, fish and legumes can crowd out unhealthy foods like simple sugars and saturated fats. And your diet isn’t the only healthy lifestyle step you can take. Exercising for at least 30 to 40 minutes four or more days a week, losing weight if you’re overweight and quitting smoking can also improve your cholesterol levels.

TRUE OR FALSE:

If your cholesterol levels are high, your doctor should prescribe a statin.

→ **FALSE.** “It depends how high your levels are,” Eckel says. Your doctor can calculate your risk of heart attack or stroke over the next 10 years and determine whether a statin is the right choice for you.

TRUE OR FALSE:

Men and women over age 20 should know what their cholesterol levels are.

→ **TRUE.** Elevated cholesterol isn’t a problem exclusive to older people; more than 6 percent of people ages 20 to 34 have elevated cholesterol levels. Abnormal cholesterol levels don’t trigger any symptoms, so blood testing is the only way to know if your levels are putting you at risk for heart disease. ■

UNDERSTANDING CHOLESTEROL

“Cholesterol has several purposes independent to its relation to cardiovascular disease, including energy, production of steroid hormones and formation of bile,” says Michael Broadwell, MD, an internal medicine specialist at Tri-State Medical Clinic in Shreveport. “When it comes to your risk of heart disease, knowing your cholesterol levels and goals can be very worthwhile.”

Do you remember which cholesterol is good and which is bad?

Let’s start with the “bad cholesterol,” or low-density lipoprotein (LDL). Dr. Broadwell says if there’s too much LDL in your blood, it can lead to cell damage and plaque formation, which can increase your risk of heart attack and stroke.

On the other hand, the “good cholesterol,” or high-density lipoprotein (HDL), “brings balance by its ability to repair some of the arterial changes and damage brought on by high blood levels of LDL,” Dr. Broadwell says, which is why measuring cholesterol levels is important.

WEBSITE



Kids and Cholesterol

High cholesterol is often associated with adults, but children can also be affected. Learn about kids’ cholesterol screening at wkhs.com/vim/kids-and-cholesterol.

A DIABETIC'S QUICK GUIDE TO GROCERY SHOPPING

Healthy eating starts with healthy shopping for diabetics. Amy Yates, registered dietitian with Willis-Knighton Health System, offers these tips:

1. Get help. Ask a certified diabetes educator for advice on how much food to eat and what foods are good for your body.

2. Buy in-season produce. In-season foods are always a better deal and are always fresh.

3. Avoid processed foods. Junk foods and empty calories add up quickly. You'll be amazed how full you feel with less food when it's fresh.

4. Read labels. Check serving sizes and eat only that amount.

Americans often eat bigger portions and pay no attention to when their bodies are full.

WEBSITE



Diabetes Resources

If you have recently been diagnosed with diabetes, education is key. Registered dietitians at the Willis-Knighton Diabetes & Nutrition Center offer counseling, education and nutrition assessments. Visit wkhs.com/diabetes for more information.

1 Meet with a dietitian.

There are plenty of books and even more places online to go for information about what a diabetes-friendly diet looks like, but there's nothing like meeting one-on-one with a dietitian.

"A registered dietitian will be able to assess your diet—not only what you're eating but how much and when—and make recommendations based on your lifestyle, including your activity level, budget, likes and dislikes, and even who in the family does the cooking," Arevalo says.

Medicare and many insurance plans cover diabetes education, including nutrition counseling. Ask your doctor for a referral.

2 Pile on the vegetables.

Rather than being a proverbial side, make nonstarchy vegetables the star of your meal.

"Vegetables are very, very important," Arevalo says. "They provide us with vitamins and with dietary fiber that aids in digestion and keeps us full. They also help reduce cholesterol and blood sugar levels."

If you're thinking, but I don't like vegetables, Arevalo says to keep looking.

"There are so many out there, it's impossible not to find some you like," she says. "I invite people to create a list of all the vegetables they haven't tried and just give them a chance."

Once you find some, fill half your plate with vegetables at every meal.

3 Choose your carbohydrates wisely.

Carbohydrates have a place in a diabetes-friendly diet. You just need to be discerning at the grocery store.

Skip white rice and all white flour-based products. Opt instead for pastas, breads and cereals with a whole grain as the first ingredient. Some examples of whole grains are bulgur, whole-wheat flour, whole oats, whole rye, buckwheat, millet and quinoa.

Limit starchy vegetables, too, such as potatoes, peas and corn. Carbohydrates should take up no more than a quarter of your plate, Arevalo says.

4 Make dessert the exception, not the rule.

Sweets have become a mainstay in the Western diet—doughnuts in the morning, office birthday cake in the afternoon

and ice cream after dinner. But too much sugar is dangerous for people with diabetes.

"With diabetes, the concern is glucose—sugar in your blood," Arevalo says. "So, the more sugar you eat, the worse your condition is going to get."

Uncontrolled blood glucose can lead to complications, including nerve damage, kidney disease and vision problems. But that doesn't mean sugar is completely off-limits.

"A piece of cake on your birthday or a few bites of a shared dessert when out with friends—that's manageable," she says. "But sweets should truly be a treat and not a mainstay."

5 Monitor and make adjustments.

Healthy eating with diabetes is all about balance. If you overeat or indulge in sweets at one meal, go lighter on the next one and up your activity.

"If you're not insulin-dependent, even 30 minutes of walking every day can be enough to lower your blood sugars big-time," Arevalo says.

Regularly monitoring your blood sugar can help you find a balance between eating and activity. ■

Moving Sooner

By moving to an independent living community like The Oaks earlier, you—and your health—can reap the benefits

BY TERRIE ROBERTS

FOR
SALE
SOLD



At 83, Billye Washington is still independent.

She takes day trips with friends, plays bridge, exercises regularly and is involved with her church, Broadmoor Baptist.

“The more active you are, the better you age,” she says.

Washington moved from her home in University Terrace to The Oaks of Louisiana in February. The Oaks is a community of older adults that promotes active, healthy living. Programs and activities offered are designed to keep residents as independent as possible for as long as possible. Washington didn’t wait until a health event forced the move and there would be the likelihood she no longer would qualify for independent living. She moved while she could enjoy The Oaks of Louisiana lifestyle to its fullest.

“There is so much to do here. You have to pick and choose,” she says.

Deciding to Relocate

Washington believes that if senior adults want to stay in their homes, they should do so, but she acknowledges they risk missing out on the many benefits of independent living.

Rhonda MacIsaac, Oaks independent living director, agrees. “Many senior adults who are still mobile and in good health believe they should live in their homes as long as they can, but that oftentimes means delaying a move later to an assisted living residence or nursing home,” she says. “And that means making the move at a time when moving to an unfamiliar environment is even more challenging physically, emotionally and psychologically.

“Many older adults think there’s no real reason to move into a retirement



Billye Washington

community unless they require assistance with daily tasks, but there are many advantages to moving to a community such as The Oaks before illness occurs,” MacIsaac says.

Admittedly, leaving a home where you have lived for years is not easy, she says. “Your own home is a

familiar environment. It is where many of your memories are made, but these are not necessarily the best reasons to stay in your home.”

MacIsaac says, “The longer you wait to move into a community like The

Oaks, the more likely it is that you will develop health problems that disqualify you for independent living. When an issue arises with your health, it puts the burden of making a move on other people—selling the home, deciding what furniture and other belongings to keep, donate or sell. Making a move sooner rather than later gives you more control in the move. No one at any age wants to deal with the hassles of moving, but doing so only becomes more difficult as you get older.”

Motivation to Move

Although staying in your home might seem the best decision, especially if



Tower residents Billye Washington (left) and Ruth Lewis enjoy working out at the Tower’s Spa & Wellness Center.



Billye Washington gets in the spirit of the Murder Mayhem Mystery Dinner at Tower at The Oaks, where guests enjoyed dinner while testing their super sleuth skills.



it is paid for, the headaches of home ownership can become cumbersome, especially as you age. Senior adults no longer have the energy or desire to keep up with household tasks like lawn care, cleaning and maintenance. Unexpected repairs and living expenses can add worry and financial strain.

Independent living at The Oaks of Louisiana takes that burden away. Maintenance-free living includes home and lawn maintenance, housekeeping, 24/7 security and campus patrol, transportation and dining options.

Residents like Washington have the freedom to do the things that truly matter to them, doing as little or as much as they choose. From off-campus trips to lectures, book reviews to art classes, fitness classes to service projects, independent living at The Oaks provides residents with a rewarding and vibrant social life.

"The Oaks is never lonely," MacIsaac adds. "There are friendly faces and neighbors just steps down the hall, so residents have a chance to actively build a system of peers. We provide endless opportunities for socialization and forming new friendships."

This is true for Washington. "I enjoy getting out and meeting new friends," she says, and other residents say she has

done just that at The Oaks. Washington has formed friendships and established table buddies at mealtimes in the short time she has been there.

Her days are spent playing bridge—though Washington is quick to point out she isn't very good and only plays for fun—exercising at the Tower Spa & Wellness Center, walking around Lake Eleanor every day or attending one of the many activities offered each month at The Oaks. She also maintains an active presence in the outside community, so it is not unusual for Washington to be off-campus having fun with longtime friends or attending church at Broadmoor.

"The more active you are, the better you age," Washington says. "I do as much as I can do." And she can do as much as she wants, because Washington no longer has to worry about taking care of and maintaining a home and yard.

"Many senior adults say they are not ready to make a move to independent living," MacIsaac says. "What are they not ready for? There is no perfect answer to the question 'When is the best time to make a move?' but waiting too long can mean missing out on some of the very reasons people are attracted to communities like The Oaks in the first place." ■

Lane Rosen, MD, (left) and Sanford Katz, MD, discuss a treatment plan in front of a CAT scanner, which is dedicated for use with brachytherapy.



Treatment for a Cure

Willis-Knighton has one of the nation's largest brachytherapy programs

BY **DARRELL REBOUCHE**



As Theresa Westbrook settles into her 60s, she embraces a peaceful lifestyle. Her home is decorated inside and out with symbols of her religious faith, which might help explain the quiet confidence she displays while dealing with a diagnosis of cervical cancer. “It really wasn’t too scary,” she says of hearing the news from her gynecologist.

Westbrook chose Willis-Knighton Cancer Center for treatment. There, she first encountered Destin Black, MD,

who specializes in gynecological cancers. Dr. Black recommended a combination of chemotherapy and radiation and sought the expertise of the center’s radiation oncologists. The decision was made to employ brachytherapy as well as external radiation and chemotherapy.

Brachytherapy means “close therapy,” or applying radiation sources directly to a tumor or into the cavity or tissues where the tumor is located. “It’s a way of giving the ultimate form

of radiation to a tumor while sparing adjacent healthy tissues,” explains Lane Rosen, MD, director of radiation oncology at Willis-Knighton Cancer Center.

Dr. Rosen’s opinion is echoed by Dr. Black. “Willis-Knighton is unique in that we provide specialized care in treating gynecological malignancies with the only gynecologic oncologist in north Louisiana and a radiation oncology team dedicated to treating women with these types of cancers,” he says. “Brachytherapy is an essential part in

the treatment of many gynecological cancers, and we are fortunate in our community to have the expertise and technology necessary to provide this to our patients.”

Practicing the Best Standard of Care

Willis-Knighton Cancer Center has one of the largest brachytherapy programs in the nation, treating between 400 and 600 people annually, Dr. Rosen says. In fact, it has been a training site for the American Brachytherapy Society, along with well-regarded institutions such as Harvard Medical Center and UCLA Medical Center.

“In order to provide brachytherapy properly, a physician must have the right combination of experience, dexterity and training,” Dr. Rosen explains.

According to a study published in January 2018 by the University of Virginia School of Medicine, brachytherapy, combined with chemotherapy and external beam radiation, is the standard of care for locally advanced cervical cancer, which affirms the opinions of Dr. Black and Dr. Rosen, among others at Willis-Knighton.

Dr. Rosen says breast cancer, prostate cancer and some skin cancers also

respond well to brachytherapy. Willis-Knighton’s five radiation oncologists offer this treatment where appropriate and are supported by a devoted team of expert medical physicists. The physics team will often develop multiple treatment plans to determine the best course of action for each person.

Undergoing Brachytherapy

Because of its results, brachytherapy is used as a treatment option at Willis-Knighton for more than cervical cancer.

Lita Smith is 75 years old and this year learned she has lung cancer. Like Westbrook, Smith seems to be taking it in stride. Her medical oncologist at Willis-Knighton, Anil Veluvolu, MD, says, “We’re treating her for a cure.” Brachytherapy is part of that plan.

Sanford Katz, MD, one of Dr. Rosen’s partners, says this is a standard treatment for lung tumors. He works alongside a pulmonologist to deliver the radioactive source directly to the tumors. “We have a long series of using it successfully, and we get referrals specifically for it as a result,” he says.

These treatments are administered in a series on an outpatient basis. Westbrook was nervous at first because



Theresa Westbrook, on her front porch at home, keeps a prayer journal for fellow cancer patients.

she wasn’t sure what to expect. Her treatment plan called for four brachytherapy sessions, and once she settled in for the first session, her fears were relieved. She says there was some initial discomfort, “but the treatment itself didn’t hurt at all.” By the time of Westbrook’s final brachytherapy session, she had become accustomed to the process and declined any medications beforehand. “It didn’t seem like anything at all,” she says.

Smith had three sessions and remembers “there really wasn’t a whole lot to it.” She says: “Dr. Katz and everyone were just so friendly and sweet and kind; I just put it in God’s hands. Everybody I came into contact with (at the Cancer Center) was just great. There has never been a moment when I didn’t completely trust those doctors.”

Westbrook agrees. “I think it was the right decision to go to Willis-Knighton,” she says, “and I think it was the right treatment.” Her commute to the cancer center is more than an hour each way, and she believes the drives are well worth it. “I thought, ‘We’re just so lucky to have such a good team so close to us.’” ■



Lita Smith has received tremendous benefit from brachytherapy to treat lung cancer.

Convenience Close to You

How Willis-Knighton's growth focuses on convenient care

BY **MARILYN S. JOINER**

The first satellite hospital in Louisiana opened in Shreveport in 1983. That hospital, South Park Hospital (now Willis-Knighton South & the Center for Women's Health), marked the beginning of Willis-Knighton's strategic expansion, which has consistently focused on making health-care more convenient for people in the community.

Willis-Knighton leadership understood the need for the hospital. At that time, a trip from the suburbs in Southwest Shreveport to the emergency departments at the major hospitals in town could take 20 minutes by the private ambulance service. That's 20 minutes from the ambulance headquarters to a patient's location, time to address the issue and load the patient and 20 minutes back to the ER. A full hour could pass before the patient was seen by a qualified emergency specialist.

Physicians who had located in the suburbs saw the need, too. Many had moved there to be more convenient to the growing area of Southwest Shreveport—a bold decision since many of the specialists remained closer to downtown. The move affirmed the need for a hospital closer to the people.

But not every doctor thought it was a good idea. Some at Willis-Knighton Medical Center on Greenwood Road feared the new hospital would present competition for them.

Ironically, the biggest supporter of this new concept was one of the oldest members of the medical staff, Thomas Strain, Sr., MD, who in 1926 had been the first intern at Tri-State Sanitarium (the forerunner of Willis-Knighton).

"His enthusiastic support for the project was largely responsible for the eventual relocation of his group, the Strain Pediatric Clinic, and all OB-GYN physicians from our flagship campus to the Women's Center on the Willis-Knighton South campus in 1989," recalls Jim Elrod, Willis-Knighton President and CEO.

The Creation of a Health System

Another impetus for the project was the announcement that the Highland Hospital was being purchased by a national for-profit company that planned to close the location in the inner city and relocate to an affluent area in Southeast Shreveport. But that was not the kind of move Willis-Knighton leaders envisioned.

What made Willis-Knighton's decision unique was, rather than closing its main location in the inner city, it chose to keep it open and, to assure its prosperity, make it the hub for complex care and centralized management. This served as a model for expansion to Bossier City (WK Bossier Health Center, 1996) and later to Southeast Shreveport (WK Pierremont Health Center, 1999).

"Our management team felt that our hospital could remain in its original location and enter new areas with smaller facilities to gain an increased patient base," Elrod says.

The hub-and-spoke expansion plan duplicated only the basic hospital services and incorporated centralized oversight of departments to assure economic efficiency and consistency in the delivery of care. Today, that consistent care is within eight minutes of most homes in Shreveport and Bossier City.

Continued Convenience

One person who is especially proud of Willis-Knighton's ability to grow is Debbie Olds, chief nursing officer at Willis-Knighton Medical Center, who was involved in the development of Willis-Knighton's suburban hospitals. Her family has moved several times over her long career, and each time it was to a growing neighborhood that would eventually have a WK hospital nearby. "I was able to move within the organization and know that our hospital departments were consistent with the same mission and goals," she says. "We've not just brought people convenience, we've brought them a high level of caring and compassion, something we all share in the Willis-Knighton family."

WK's expansion has provided a literal lifeline to the suburbs. Elrod recalls a conversation with a physician whose

wife had taken an overdose of medication. When she was found in a rural area south of Shreveport, she had no sign of life, but the EMS crew began working on her and took her to the nearest hospital, Willis-Knighton South.

“The doctor had originally thought that building Willis-Knighton South was unnecessary and a waste of money,” Elrod says. After that experience, the doctor came by to thank Elrod and the

staff for having the vision to put the hospital in Southwest Shreveport and for the excellent emergency and intensive care services.

Although convenience to some people might be a shorter drive to the hospital, less time to get an X-ray or lab test, or a quick drive for urgent care, Willis-Knighton leaders recognize that convenience to others can literally be lifesaving.

When Willis-Knighton employees go to work each day to care for people throughout the community, they realize that they are part of something larger than themselves, an expanded health system that mirrors the mission “to continuously improve the health and well-being of the people we serve.” And to that, they could add, “wherever they are.” ■





Jean Galloway (right), with fellow Tower resident and friend Lucille Williams, loves that she never feels lonely at The Oaks.

SOLVING ONE OF LIFE'S GREAT MYSTERIES

One woman didn't know what the next step in her life would be. Then she found The Oaks



Jean Galloway loves a good mystery. A voracious reader, the Tower at The Oaks resident enjoys losing herself in a good whodunit, her rescue dog, Honey, by her side.

But it's no mystery why the long-time Shreveporter fell in love with The Oaks of Louisiana when she and daughter Charlotte Lewis toured the senior living community in September 2015.

"What's not to love?" she exclaims. "Everything is so impressive. The grounds, the residences, security."

Jean lived in a lovely home in Pierremont Place before moving to The Oaks. She had built a wonderful life around church, volunteering, family and friends as the wife of well-known attorney Sidney Galloway, who died in 2000. They were married for nearly 47 years.

"I just decided I was tired of fooling with the house, yard, everything," she says matter-of-factly.

When she told her children she wanted to move to The Oaks, their first reaction was, "Are you sure?" "Very sure," she replied.

Jean moved to the Tower and, three years later, has no regrets. She no longer has to worry about home maintenance and upkeep of a yard and doesn't "have to cook if I don't want to."

"That's the main thing," she says with a laugh.

She continues her volunteer work at St. Paul's Episcopal Church and is still active in the community, but she is building a wonderful life at The Oaks and is "more contented now than when I was living by myself."

"I'm never lonely here," she says. "There is always someone to play with!"

Her playmates, some of the Tower's most spirited residents—Lucille Williams, Joyce King, Mary Grubb and Ruth Lewis, among others—make up a tight-knit group that welcomes new residents and shares meals, birthday celebrations and the ups and downs that life can bring at a moment's notice.

"I love her to death," Lucille Williams says of Jean. "We all do. She has a great sense of humor, and I don't think she would do anything to hurt anyone. She has the sweetest disposition, and her strong faith is the foundation of her character."

"I don't know what I would do without my faith," Jean says. "My faith is part of my life."

And that life is now happily spent at The Oaks. ■

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