



Medical Center
of McKinney



DATA IN A HEARTBEAT

Wireless device provides better tracking of heart failure—and better prevention.

SEE PAGE 3 ►

HEALTHY LIVING

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4 FOR YOUR HEART

These safeguards may surprise and delight you

Protecting your heart is serious business. But keeping it healthy can be easier—and a lot more fun—than you may think possible. ♦ Here are four relatively simple steps to help you take care of your ticker:



- 1 **Keep your chin up.** A positive attitude may help boost cardiovascular health, according to research published by the American Heart Association (AHA). You can focus on the good things happening in your life by keeping a gratitude journal—write down anything, large or small, that makes you smile. And when things don't go your way, make a conscious effort to look for the silver lining.
- 2 **If you have chocolate, go dark.** Studies have shown that chocolate—the darker the better—may help lower blood pressure. But if you eat it, do so in moderation. It's a high-calorie food, and being overweight is hard on your heart.
- 3 **Have a good, long laugh.** Funnily enough, laughter really is good medicine. According to the AHA, it gets more oxygen into your blood, activates your muscles, quickens your pulse, stimulates your circulation and helps you relax.
So spend time with a friend or loved one who knows how to crack you up. Or find books or movies—or even crazy cat videos on the Internet—that tickle your funny bone.
- 4 **Get your ZZZs.** Poor-quality sleep may raise your

- blood pressure and increase your risk for heart disease.
- To sleep better:
- Set a bedtime and stick to it. Do your best to go to bed at the same time every night and wake up at the same time every morning—even on the weekends.
 - Try to get 30 minutes of natural sunlight a day, especially in the morning.
 - Make your bedroom comfortable—remove distractions like the TV, computer or cellphone. And keep the temperature cool.
 - Have a relaxing bedtime routine, such as reading or taking a warm bath.

Additional sources: Mental Health America; National Institutes of Health

Our cardiologists aim to keep your ticker in top-notch shape. To make an appointment, call 855-296-6265.

It's your move

Exercise is one of the best things you can do to help keep your heart healthy. It helps reduce total cholesterol, lower blood pressure and

cut the risk of diabetes, and it helps you maintain a healthy weight.

To get moving and stay on track:

- Start slowly, especially if you haven't been active for a while.

Work up to whatever amount of activity your doctor recommends.

The American Heart Association recommends that all adults do at least 30 minutes of moderately intense exercise five days

a week and strengthening exercises twice a week.

- Keep things interesting by trying different activities. Walking, biking or swimming can be fun, but so can working in the garden.
- Stop exercising if you

have severe pain or swelling, but expect a little muscle soreness at first.

- If you have to stop exercising for a while, don't get discouraged. Just start again, and work up to your previous level.

HEALTH BITS

NO GAIN WITH PAIN

Exercise is good for arthritis. But if you have more joint pain two hours after exercising than before you started, you've overdone it. Ease up at your next workout.

Arthritis Foundation



FLAXSEED FACTS

The body can't digest the fiber in whole flaxseed, so grind it in a coffee or spice grinder before using. To enjoy its health benefits and nutty taste, add ground flaxseed to muffin mixes, cereals, smoothies, cooked veggies or salads.

American Institute for Cancer Research



A SOFTER TOUCH

Toothbrushes are nearly 5,000 years old. Early ones were made of things such as wood and hog bristles. The nylon-bristled ones we use today came out in 1938.

American Dental Association

NEW TEST OFFERS ENHANCED ACCURACY

Medical Center of McKinney cardiologist offers highly accurate 'new age' cholesterol testing

TESTS FOR CHOLESTEROL have gaping margins of error and can be highly inaccurate. This is not acceptable for other medical tests, so why should it be for cholesterol tests?

This is in large part due to the fact that the standard cholesterol and blood lipid test indirectly calculates four lipid components—including LDL (bad cholesterol) levels—and requires fasting for 12 hours. Standard testing does not calculate the subtype lipids that indicate increased risk for heart disease, and results might reflect a normal cholesterol value. In addition, routine cholesterol test results are affected by triglyceride levels, fasting and coronary artery disease.



Brian Eades, MD

“Patients have come to me following a heart attack or stent and do not understand why it happened since their tests indicated their cholesterol was normal,” says Brian Eades, MD, cardiologist on staff at Medical



VAP+ offers a more detailed analysis of blood than a standard test and provides better information for preventive care or ongoing care for heart disease and diabetes.

Center of McKinney. “Well, their cholesterol wasn’t normal; the test was wrong. It’s unfortunate because these tests lead people to think they are OK, when all of a sudden they experience a serious or even a fatal cardiac event.”

THAT WAS THEN; THIS IS NOW Ready for the good news? Advanced technology has led to the discovery of the VAP+ cholesterol test.

What’s so special about VAP+ testing?

- The VAP+ test breaks down the components of cholesterol and identifies people likely to develop coronary artery disease and diabetes.
- It directly calculates LDL, HDL (healthy cholesterol),

triglyceride levels, and subtypes of lipoproteins.

- Earlier detection of abnormal lipid levels gives your physician the opportunity to design an individualized treatment plan that might prevent cardiac damage and monitor your response to therapy.

- The VAP+ test requires one blood sample, drawn at any time, and no fasting is necessary.

- This test also indicates key cholesterol markers for insulin resistance or a prediabetic status called metabolic syndrome.

- The VAP+ test directly computes LDL and 15 lipid components, achieving a higher level of accuracy and predictability of risk.

- It also tests for genetically inherited particles in the bloodstream that are invisible in standard cholesterol testing.

“The VAP+ test has been around for about 10 years but hasn’t been widely known because it was used primarily in the academic world for detailed research analysis,” Dr. Eades says. “Fortunately, the VAP+ test has become more mainstream as well as more affordable in recent years. The VAP+ test enables us to really drill down on what the problem is with a patient’s lipid panel. It checks LDL particle size and the LDL particle count in a much more detailed way. In short, the results of VAP+ testing provide much more accurate information to support preventive care as well as continued care for heart disease or diabetes.”

ENDOSCOPIC ULTRASOUND

A WIN-WIN FOR PATIENTS AND DOCTORS ALIKE

EVER NOTICE HOW the term *minimally invasive* has become increasingly commonplace in the world of modern medicine? Such is certainly the case with endoscopic ultrasound.

LESS IS MORE Endoscopic ultrasound (EUS) is a minimally invasive procedure performed to assess digestive (gastrointestinal) and lung diseases. It uses high-frequency sound waves to produce detailed images of the lining and walls of your digestive tract and chest as well as nearby organs, such as the pancreas, liver and lymph nodes. When combined with a procedure called fine-needle aspiration, EUS allows doctors to sample, or biopsy, fluid and tissue from your abdomen or chest for analysis. In short, EUS, with fine-needle aspiration, is a minimally invasive (there’s that term again!) alternative to exploratory surgery.



Manmeet Padda, MD

“Endoscopic ultrasound procedures are performed through a natural orifice—mouth or anus,” says Manmeet Padda, MD, board-certified gastroenterologist on staff at Medical Center of McKinney. “And, since no incisions are made, patients tend to have quicker recovery times and less discomfort.”

AN INSIDE LOOK Much like in an upper endoscopy or colonoscopy, during an EUS procedure, the doctor passes an endoscope (a thin, flexible lighted tube with a camera on the end) through the patient’s mouth to inspect the esophagus, stomach and duodenum. EUS uses a special endoscope called an echoendoscope with an ultrasound probe on the tip. The doctor can examine the organs around the digestive tract through ultrasound images using high-frequency sound waves. This gives the doctor a clear image of the patient’s digestive organs. Usually the procedure takes about 30 minutes and is done as an outpatient procedure.

“Endoscopic ultrasound is a marvelous tool for the field of gastroenterology,” Dr. Padda says. “It allows us to get much clearer images than those provided by CT scans. With a regular camera, it is only possible to see superficial layers of the gastrointestinal tract. Yet, with the advanced technology of the EUS, the images are not only clearer, but we are able to rotate and manipulate the camera to any angle necessary in order to see and penetrate deeper into the stomach wall. Organs such as the liver, pancreas and lymph nodes can be seen very thoroughly with this procedure.”

Uses of EUS include:

- Determining the stage of cancer of the esophagus, stomach, pancreas and rectum.
- Determining the stage of lung cancer.
- Evaluating chronic pancreatitis and other masses or cysts of the pancreas.



- Studying bile duct abnormalities, including stones in the bile duct or gallbladder and tumors in the bile duct, gallbladder or liver.

- Studying the muscles of the lower rectum and anal canal when evaluating reasons for fecal incontinence.

- Analyzing submucosal lesions such as nodules or bumps that may be hiding in the intestinal wall covered by normal-appearing lining in the intestinal tract.

“We are so pleased to offer this advanced, minimally invasive procedure to patients within the surrounding community,” Dr. Padda says. “It’s one less reason to venture out since comprehensive care is available right here at Medical Center of McKinney.”

Medical Center of McKinney

HEALTHY LIVING

MEDICAL CENTER OF MCKINNEY OFFERS CARDIOMEMS HEART FAILURE SYSTEM

NEARLY 5.8 MILLION people in the United States have heart failure (HF), a condition in which the heart cannot pump enough blood to meet the body's needs. HF is the primary reason for more than 1 million hospitalizations annually—and 25 percent of HF patients who are discharged from the hospital are readmitted within one month.

BETTER TRACKING MEANS BETTER PREVENTION The CardioMEMS HF System, approved by the U.S. Food and Drug Administration in May 2014, is the first permanently implantable wireless system designed to provide pulmonary artery (PA) measurements. (The PA is the blood vessel that moves blood from the heart to the lungs.) The system uses a miniaturized, wireless monitoring sensor that is implanted in the patient's PA during a minimally invasive procedure to directly measure PA pressure. The system is used by patients in their homes or other remote locations to provide specific PA pressure measurements—while patients live their everyday lives in the comfort of their own homes.

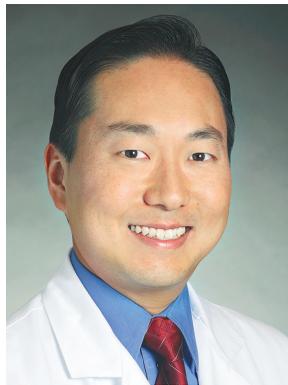
The PA pressure data are then reviewed remotely by physicians—who can make decisions regarding the status of the patient and, if necessary, initiate changes in medical therapy, with the goal of reducing hospitalization due to HF.

The CardioMEMS HF system consists of three parts:

- An implantable sensor is permanently placed in the PA. The PA sensor, which requires no batteries or wires, is about the size of small paper clip and has a thin, curved wire at each end.

- The delivery system is a long, thin, flexible tube (catheter) that moves through the blood vessels and is designed to release the implantable sensor in the far end of the PA.
- The Patient Electronics System includes an electronics unit, antenna and a specially designed pillow. Together, the components of the Patient Electronics System read the PA pressure measurements from the sensor wirelessly and then transmit the information to the doctor. (The antenna is paddle-shaped and is pre-assembled inside a pillow to make it easier and more comfortable for the patient to take readings.)

HIGH MARKS AT MCM Cardiac electrophysiologist Dale Yoo, MD, implanted Medical Center of McKinney's



Dale Yoo, MD

time allows us to proactively manage treatment for patients with worsening heart failure before visible symptoms, such as weight and blood pressure changes or shortness of breath, occur."

As those affected know far too well, HF is often a frustrating and stressful part of their daily lives. "A challenge these patients face is the sudden onslaught of heart failure symptoms—they are suddenly retaining fluids; their legs are swollen; their clothing and shoes don't fit; they are short of breath, dizzy and feeling completely miserable," Dr. Yoo says. "The great thing about the CardioMEMS HF system is that it enables us to predict if the condition is about to happen and stop it before it actually does. This is huge in terms of improving the quality of life and overall mortality rate for heart failure patients!"

And here's another great thing about the CardioMEMS HF System: "The placement of this amazing device is minimally invasive and in no way entails a surgical incision through the chest wall or anything close to open heart surgery," Dr. Yoo says. "In fact, it is a 15- to 20-minute procedure, and patients are back at home the same day."

(MCM) first CardioMEMS HF device earlier this year.

"For the millions of people affected by heart failure, the CardioMEMS HF system could literally be a game-changer!" Dr. Yoo says. "The goal of this first-of-its-kind implantable wireless device is to reduce heart failure-related hospitalizations and deaths. Measuring pressure in the lung arteries in real

HOMEWORK IS A BREEZE Once an HF patient has been implanted with the wireless device and has the CardioMEMS HF system at home, the process is surprisingly simple, consisting of a few easy-to-follow steps.

At home, the patient uses a portable electronic unit and a special pillow containing an antenna to take daily sensor readings. This is an easy, painless process that takes only a few minutes. The external unit transmits the readings to a secure website where the data can be seen by the patient's clinician.

"In most cases, patients take readings from home (or from other nonclinical locations) daily or every couple of days," Dr. Yoo says. "After analyzing the information, we may decide to make medication changes to help treat the patient's heart failure."

LESS HOSPITALIZATIONS—MORE QUALITY OF LIFE!

There's no question: Access to PA pressure data provides doctors with another way to better manage a patient's HF and potentially reduce HF-related hospitalizations. Just ask Dr. Yoo.

"It's been fantastic!" he says. "Here at Medical Center of McKinney alone, heart failure patients have avoided multiple hospitalizations due to the CardioMEMS HF system. I'd like every person who suffers from heart failure to know about the CardioMEMS HF system. Not only will it prevent multiple hospital admissions, it will save many lives."

HEART ATTACK: Know the warning signs

If you see these in yourself or someone else, don't wait. **CALL 911.**

Chest pain, pressure, fullness or squeezing that lasts more than a few minutes or comes and goes

Sudden lightheadedness, shortness of breath, nausea or cold sweat

Pain in the arms, shoulder, back, neck, jaw or stomach



Source: American Heart Association



joint rejuvenation

**TOTAL JOINT
REPLACEMENT
CAN HELP
RESTORE YOUR
ACTIVE
LIFESTYLE**

the path to an active lifestyle takes many twists, turns and bends. To successfully navigate that path, you rely on your knees, hips, shoulders, elbows and other joints.

♦ But the joints that enable you to move can break down for many reasons, including arthritis, injury, or even simple wear and tear. Damaged joints can cause pain and

put your independence and activity in jeopardy.

When joint problems limit mobility and hinder your lifestyle—and no other treatment seems to help—your doctor may recommend total joint replacement surgery.

HOW IT'S DONE A joint is where two or more bones come together. For example, your knee is a hinged joint formed by your shinbone, thighbone and kneecap. Your hip is a ball-and-socket joint—the ball is the upper end of the thighbone, and the socket is part of your pelvis.

A layer of cartilage covers the bone ends of a joint. Normal cartilage allows your joints to move without friction. But when joints are damaged or diseased, they can become stiff and painful.

In total joint replacement surgery, parts of the damaged joint are removed and replaced with artificial parts. Materials used in joint replacement—such as metal, ceramic and plastic—are designed to allow your new joint to move like a normal joint, according to the American Academy of Orthopaedic Surgeons (AAOS).

Joints that can be replaced include the shoulder, finger, ankle and elbow, according to the National Institutes of Health (NIH). But the most commonly replaced joints are hips and knees.

In knee replacement, damaged areas of thighbone, shinbone and kneecap are removed and replaced

with metal and plastic surfaces.

A hip replacement involves removing the damaged ball on the upper thighbone and replacing it with a metal or ceramic ball. The damaged socket is then replaced with a plastic, ceramic or metal socket that is implanted into your pelvis.

The length of the surgery depends on how badly your joint is damaged.

A hip replacement generally takes a few hours and a knee up to two hours. After surgery, you usually spend another one to two hours in a recovery room. With hip or knee surgery, you typically spend several days in the hospital before going home.

ROAD TO RECOVERY Most people who have joint replacement surgery experience a dramatic decrease in pain in that joint and a significant increase in their ability to perform daily activities. But it takes time to recover from the procedure, and it's important to follow your doctor's advice, according to the NIH.

Shortly after surgery, you will probably be encouraged to try out your new joint. With hip and knee replacements, you will need a walker or crutches at first.

You may have some temporary pain in the new joint because the surrounding muscles have weakened from disuse.

The pain can be helped with medication and should last only a few weeks or months. Over time and with proper exercise, the pain will lessen, flexibility will increase and movement will improve.

That's why exercise is an important part of the recovery process, advises the AAOS.

Physical therapy can usually begin the day after surgery. Your doctor can recommend an exercise program that is best for your new joint.

Be careful not to overdo it after surgery, however. Less vigorous activities, such as walking and golf, may be permitted, but more strenuous sports, such as skiing or running, may be discouraged.

While joint replacement should improve your quality of life for years to come, your new joint may not last for the rest of your life. Many artificial joints last at least 10 to 15 years. Depending on your age, you may eventually need a second total joint replacement.

Fortunately, materials and techniques used in joint replacement continue to improve through the efforts of orthopedic surgeons, engineers and other scientists, reports the NIH.

To find out if total joint replacement surgery is right for you, talk to your doctor.

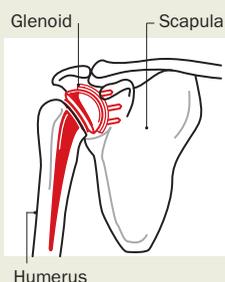
Our team of orthopedic surgeons can replace your worn-out joint and help you feel better. To make an appointment, call 855-296-6265.

Options FOR NEW JOINTS

Damaged or arthritic joints can make everyday movements, like walking or reaching, very painful. When treatments such as medications or physical therapy don't help, joint replacement surgery may be the best bet. Here is a look at which joints—and their parts—can be replaced with an artificial one, called a prosthesis.

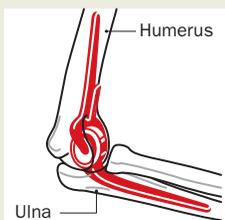
SHOULDER

Depending on the condition of the shoulder, either just the head (ball) of the upper arm bone (humerus) is replaced or both the ball and socket (glenoid).



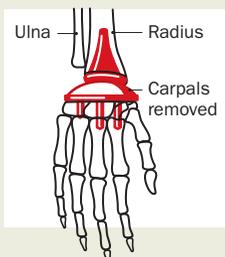
ELBOW

Doctors replace the damaged parts of the upper arm bone (humerus) and the forearm bone (ulna) on the pinky finger side.



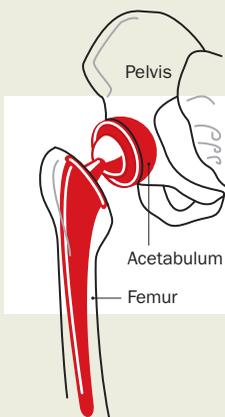
WRIST

The damaged ends of the lower arm bones (radius and ulna) and the first row of the bones at the base of the hand (carpals) are removed. The ends of the radius and sometimes the carpals are replaced.



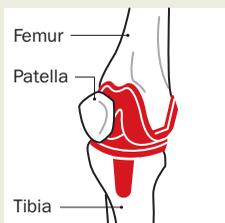
HIP

The damaged head of the thighbone (femur) and the surface of the socket (acetabulum) in the pelvis where the femur sits are replaced.



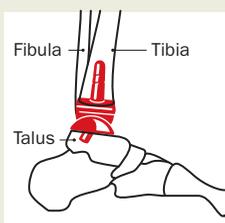
KNEE

The damaged surfaces at the ends of the thighbone (femur) and shinbone (tibia) are replaced. The underside of the kneecap (patella) may also be replaced.



ANKLE

The damaged bone and cartilage from the leg portion of the ankle (tibia) and the foot portion of the ankle (talus) are replaced.



How to stop shouldering the pain

You have enough to deal with in life without adding shoulder pain to the mix. Fortunately, shoulders damaged by arthritis, a severe fracture or other problems can often be fixed.

Although shoulder replacement surgery is less common than surgery to replace hips and knees, it can relieve pain just as successfully, according to the American Academy of Orthopaedic Surgeons (AAOS).

Surgery involves inserting a stem with a metal ball on top into the bone of the upper arm. The ball fits into a plastic socket that's placed in the shoulder blade.

Sometimes, though—depending on the condition of the shoulder—surgery may involve replacing only the ball portion of the joint.

After surgery, your arm will be in a sling for up to a month, and you'll start physical therapy soon after the operation. You'll have some activity restrictions at first, but in the long term you're likely to enjoy improved motion and better shoulder function.

The AAOS reports that shoulder replacement may be considered if you have:

- Severe shoulder pain that interferes with daily activities.
- Moderate to severe pain while resting. It may hinder sleep.
- Loss of motion or weakness in the shoulder.
- Limited improvement with other treatments.

Medical Center of McKinney

HEALTHY LIVING

PERIMENOPAUSE

ALMOST THERE

Learn what those early signs and symptoms typically mean

IT'S A BIT OF A SHOCK: You've just had your first hot flash.

"What's going on?" you ask yourself as you yank off your sweater. "I can't be menopausal. I'm still having periods."

Welcome to perimenopause—and a quick biology lesson.

A TIME OF TRANSITION Menopause is actually a point in time. It's when a woman has gone through 12 consecutive months without any periods.

Perimenopause is the phase leading up to menopause. It's a transitional time of hormonal flux, when your body starts making less of the hormones estrogen and progesterone.

More to the point, at least for your comfort level, it's also when most of the changes we usually attribute to menopause occur—such as hot flashes (those infamous surges of heat) and night sweats (sweating bouts intense enough to disturb sleep).

Among the other tipoffs that you're in perimenopause:

- Irregular periods. They can be longer, shorter, heavier, or lighter; come more often; or be skipped—as in here one month, gone the next two and then back again. (An important note: Even though your periods may be erratic, you can still get pregnant.) Though changes in bleeding are normal as you near menopause, you should still tell your health care provider about them.
- Mood changes, memory lapses or poor concentration.
- Difficulty sleeping, including trouble falling or staying asleep.
- Vaginal dryness, which can make sex painful.
- Bladder problems, such as infections and urinary incontinence.
- Weight changes, including gaining weight around the waist.

IT'S PERSONAL There's a lot of variability with perimenopause.

Typically, it begins in your 40s and lasts for several years, but there's no guarantee of this timetable. And the



Another reason to stop smoking

Ladies, listen up if you're a smoker nearing menopause. This may be the motivation you've been waiting for if you've had trouble giving up cigarettes.

Smoking, it turns out, speeds the arrival of menopause—by as much as two years in heavy smokers. What's more, smokers are more likely to have

more frequent, severe hot flashes than women who don't light up.

And then there's this: If you quit before age 40, you'll lower your risk for premature death. But even stopping at a later age, you can still gain back some years.

Are you psyched? Then try these three tips to increase your chances of becoming a successful quitter:

1 Reach out to your doctor. He

or she can suggest the most effective medicines to help you become a former smoker.

2 Find a quit buddy. Ask a friend or family member who also smokes to stop smoking with you.

3 Create new habits. Do things that keep your hands busy, such as gardening or knitting.

Sources: North American Menopause Society; smokefree.gov

changes you experience may vary from mild to severe.

What's certain is that perimenopause is a natural rite of passage, and there's help if the changes are disruptive. Talk to your health care provider for advice.

LOTS OF LIFE AHEAD Maybe the best take on perimenopause is to think of it as a reminder to take care of

yourself. You still have a lot of living to do. And you want the rest of your life to be a healthy one.

So be good to your body now—eat wisely, exercise regularly, maintain a healthy weight, don't smoke (or quit if you do), and see your doctor for recommended checkups and health screenings.

Sources: American College of Obstetricians and Gynecologists; Office on Women's Health

URINARY TRACT INFECTIONS

WHY IT HURTS WHEN YOU GO

YOU'RE SITTING on the toilet wondering: How is it possible for pee to feel like fire? Just minutes after that painful experience, you have an overwhelming urge to dash back to the bathroom. When you get there, hardly any urine comes out—but it still hurts!

WHAT'S GOING ON? You may have a urinary tract infection (UTI). These infections happen when bacteria invade the urinary tract through the urethra—the short tube that leads to the bladder.

Once inside, the bacteria can infect any part of the urinary tract, including the urethra, bladder, ureters (the tubes that carry urine from the kidneys to the bladder) or kidneys.

A UTI can quickly become serious if it triggers a kidney infection. That's why you should see your doctor right away if you have symptoms of a UTI, which can include:

- Sharp pain or a burning feeling when urinating.
- A strong urge to urinate, often right after you just peed.
- Urine that has a strong odor, looks cloudy or has blood in it.

Painful and bloody urine can be caused by other problems, so your doctor will test your urine to make

a diagnosis. If the test shows you have a UTI, you'll get a prescription for antibiotics. These medicines tend to make women feel better rather quickly—usually in less than two days. But even if you feel better, keep taking your antibiotic. You must finish it all to make sure the bacteria are destroyed.

POINTS FOR PREVENTION To help prevent future UTIs, you can:

- Drink plenty of fluids, like water, every day.
- Urinate every two to three hours—and never ignore the urge to go.
- Wipe from front to back after you urinate or have a bowel movement.
- Keep the skin around your genitals and anus clean.
- Wear underwear with a cotton crotch.
- Empty your bladder before and after sex.

Sources: American College of Obstetricians and Gynecologists; Office on Women's Health

Our gynecologists offer compassionate care for women. For an appointment, call 855-296-6265.

Medical Center of McKinney
HEALTHY LIVING

ADVANCED LEVEL III TRAUMA CENTER**MCM OFFERS ADVANCED TRAUMA CARE**

WHEN MEDICAL CENTER OF MCKINNEY (MCM) was designated earlier this year as an Advanced Level III Trauma Center, it was a clear signal of the hospital's ongoing commitment to quality trauma care.

"This designation speaks to Medical Center of McKinney's accountability—as well as to the fact that we will continually evaluate ourselves and improve on the designation process to ensure we provide outstanding trauma care," says Mathis Adams, MD, FACS, Medical Center of McKinney Trauma Medical Director.

MCM is the first hospital in McKinney and northern Collin County to be designated as an Advanced Level III Trauma Center by the Texas Department of State Health Services. As an Advanced Level III Trauma Center, MCM has specialized, dedicated resources available to manage major and severe injuries.

The designation process ensures that proper procedures, staffing and processes are in place to best care for the most serious injuries, from gunshot wounds to

head injuries to complex fractures to automobile accidents. As part of this designation, trauma surgeons, as well as other physician specialists, are required to be available 24 hours a day.

"A key advantage of Medical Center of McKinney's recent designation is that it clears the way for EMSA to transport more patients to our trauma center," Dr. Adams says. "And, so as a result, McKinney and northern Collin County residents now have access to advanced trauma care in their community."

TEAMWORK SAVES LIVES MCM has a comprehensive team of surgeons, specialists, nurses and staff members



Mathis Adams, MD, FACS

that receive specialized training in trauma care. The hospital partners with local emergency medical services personnel to provide education in caring for trauma patients in the field.

"Achieving the Advanced Level III Trauma Center designation has definitely been a hospitalwide, team effort," Dr. Adams says. "That collaboration—along with the guidance and support of Medical Center of McKinney's Quality Department—has resulted in an outstanding trauma program that will greatly benefit all patients seeking care."

At MCM, trauma surgeons and other physician specialists are available 24 hours a day.

SPINAL FUSION SURGERY**IS IT RIGHT FOR YOU?**

DUE TO NEWER TECHNIQUES and advanced technologies that have been developed over the past several years, spinal fusion surgery has become much less disruptive to the spine.

"We have been moving toward smaller, less invasive spinal fusion procedures, which means shorter hospital stays and faster recovery periods for patients," says Brent Morgan, MD, board-certified neurological surgeon on staff at Medical Center of McKinney. "Since the new fusion technique is done through the patient's back, it causes less harm to the normal spine."

THE ULTIMATE GOAL When spinal fusion is performed, the goal is to obtain a solid union between two or more vertebrae. It is a surgical procedure performed to permanently join together one or more bony vertebrae of the spine.

Fusing bones together can prevent painful motion and provide stability. An unstable spine can result from an injury, disease or the natural aging process. When these changes allow abnormal movement of the vertebrae, back, leg or arm pain may result. The goal of fusing the vertebrae is to stabilize and align the spine, maintain the normal disc space between the vertebrae, and prevent further damage to your spinal nerves and cord.



Brent Morgan, MD

FOLLOWING SPINAL FUSION SURGERY Following surgery, patients are typically required to remain in the hospital for a few days. Once discharged from the hospital, activities are restricted for the following six weeks—for example, activities involving excess lifting (anything over 5 pounds), bending or twisting are not allowed.

"At the two-month post-surgery mark, most patients begin a physical therapy program designed to restrengthen their back muscles and enable them to

gradually increase activities," Dr. Morgan says.

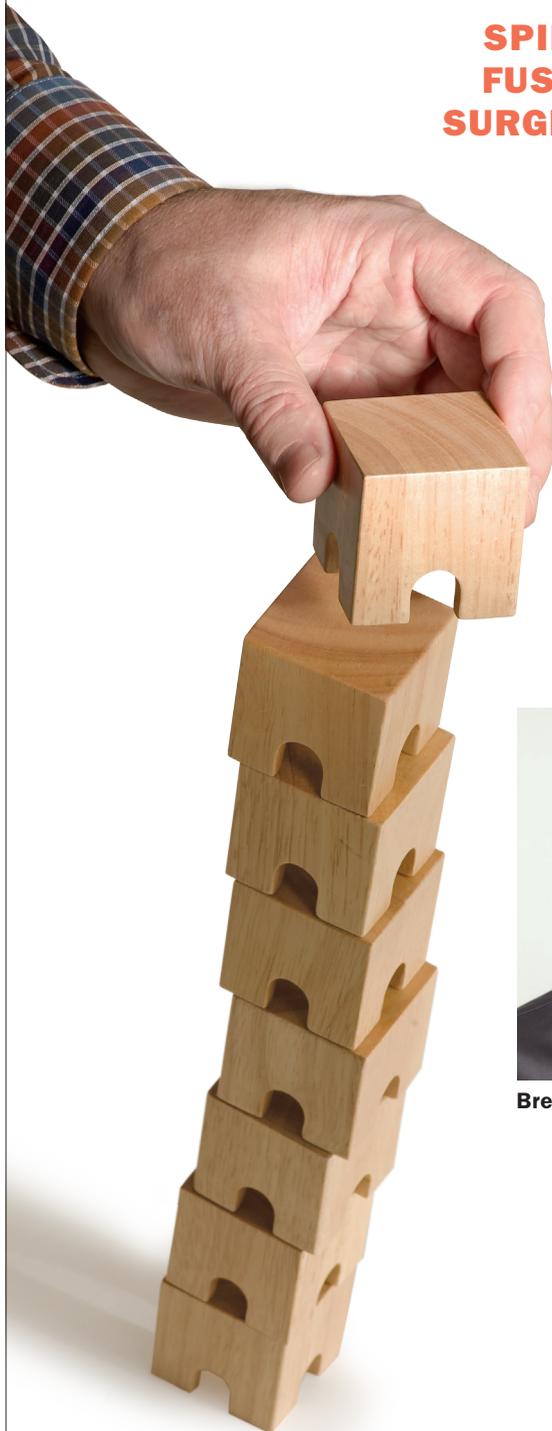
THE RIGHT REASONS A spinal fusion should be performed only for the right reasons and only if all other treatments have been explored. It is important to understand it will not "fix" your back problem or provide complete pain relief. It will, however, stop the motion in the painful area of your spine, allowing you to increase your function and return to a more normal lifestyle—though one that may not be totally pain-free.

"Fusion surgery is designed for patients who have suffered from intractable back pain for an extensive period of time," Dr. Morgan says. "This surgery should only be considered once all conservative measures and nonsurgical treatments have failed to provide significant back pain or neck pain relief."

WAIT A SECOND! Seeking a second opinion is a wise move. Doing so means you are consulting with another doctor to confirm a diagnosis and/or find possible different treatment choices available to you. It is highly recommended to consider getting a second opinion immediately to avoid delays in your treatment and recovery.

Whether it is spinal fusion surgery or another type of surgical procedure, second opinions are a way to learn about your diagnosis and choices for treatment options. You will likely discover that some doctors are more conservative, while others tend to be more aggressive.

"A good reason to get a second opinion regarding spinal surgery is if it is recommended on the first visit," Dr. Morgan says. "Immediate surgery is rarely necessary, except when something is obviously wrong, such as paralysis, or in the event of an emergency or accidental injury. Remember, you have rights—and one of the most important rights is the ability to get a second opinion about your diagnosis. Being informed is critical in deciding your choice of treatment."



Medical Center of McKinney
HEALTHY LIVING

SENIORS AND FALLING

WHEN THE UNEXPECTED BEFALLS YOU



Judith Price

EXPERIENCING A BAD FALL falls into a certain category: It's one of those things you don't give much thought to or how it will affect your daily life—until it happens to you.

Judith Price, age 77, can relate. This past Fourth of July offered her no cause for celebration, but rather a nasty fall and an ensuing trip to a nearby emergency department facility. After an x-ray examination, it was determined Price's left leg had endured a contusion. Yet, several days later, it was clear this diagnosis didn't have a leg to stand on.

"Ever since I'd been back at home, I'd actually been using a walker because my leg hurt so badly," Price says. "One day I turned around and slightly twisted my leg. All of a sudden I heard a 'pop' and was in intense pain."

Thankfully, this time around Price ended up at the emergency department at Medical Center of McKinney (MCM). "It took them no time at all to determine that my leg was broken in the mid-shaft femur area," she says. "I was shocked because I had never broken a bone in my entire life! I had always been very active and grew



Eduardo Acosta, MD

up enjoying horseback riding and all sorts of other activities. I had no idea a broken leg would cause me to become so incapacitated."

Following surgery, Price was transferred to MCM's inpatient rehabilitation unit, where she remained for a week. During this time and once she was back at home, physical and occupational therapists and other rehab staff members worked closely with Price to help her get back on her feet again. The team essentially taught her how to walk again, as well as how to stay safe and avoid being a repeat offender.

"The biggest challenge for me has been learning to make safe judgments," Price says. "It's been a total mindset and lifestyle shift. But, it's something I've known all along I must do in order to get my life back again."

THRILLED, AMAZED, FLOORED... BY MCM'S INPATIENT REHABILITATION UNIT

As far as Price is concerned, there simply aren't enough words to describe her enthusiasm for the MCM Rehab team.

"I was absolutely thrilled, amazed and floored by them!" she says. "There wasn't an unhappy one in the

bunch. I saw nothing but smiles. Everyone was very experienced and knowledgeable. They did the best job humanly possible and made me feel like I was the only patient there. Thanks to MCM's marvelous Rehab team, I'm gradually becoming more functional and independent. They've been great at teaching me little 'safety-minded' tricks of the trade."

BONES AND AGING If you have never experienced a bad break, chances are you've never really considered what you can do to try to avoid one. And, truth be told, this becomes even more important as we get on in years.

"There are a number of reasons why seniors tend to fall more often than younger people, including osteoporosis (brittle bones), inactivity and poor eyesight," says Eduardo Acosta, MD, physical medicine and rehabilitation. "But there are things we can do to help prevent falls, such as getting plenty of exercise and consuming a healthy diet. It's also helpful to make sure your environment is as safe as possible. Make sure furniture, rugs and carpets are arranged as safely as possible, and keep an eye on your pets. Surprisingly enough, a dog or cat underfoot is the reason for many falls."

If you do fall, help is faster and closer at the new ER at Stonebridge, located at Highway 380 and Custer Road.

LESS TIME WAITING



We're removing some of the pain from your next ER experience: the long wait time. At **Medical Center of McKinney**, you'll find expert emergency medicine physicians and nurses all focused on getting you from assessment to treatment and back to your life faster. All that's missing is the long wait. But we don't think you'll miss it.



Hwy 121 and Hwy 75



Hwy 380 and Custer Road

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