

AVISTA ADVENTIST HOSPITAL

Sparkle

With health, hope, and happiness

SPRING 2018 • Volume 2, Issue 2

LOVE *and* Gratitude

Breast cancer patient turns her recovery into a project with heart p. 4

plus

6 REASONS TO HEAD TO THE ER, STAT p. 2

COULD DOG BE BABY'S BEST FRIEND? p. 6

NEW KNEES ARE AN OPTION SOONER p. 7

Heart
SMART

DO YOU KNOW YOUR
FAMILY HEART HEALTH
HISTORY?

p. 3

Healthy Tips

When to go to the ER

Six ailments you need to have checked right away



Dr. Brian Rolfson

Adults are great at talking themselves out of going to the ER.

Perhaps they're afraid of the cost. Or they fear embarrassment should their condition turn out to be nonemergent. But you should never

let fear keep you from getting the care you need.

"People should consider going to the emergency department for acute illnesses or injuries and anything that is new or out of the ordinary," says Brian Rolfson, MD, FACEP, medical director of emergency medicine at Avista Adventist Hospital.

Here are six times adults should go straight to the ER:

1

Signs of a stroke or severe headache

Time is of the essence during strokes. Call 911 or get to the ER immediately if someone has sudden:

- Face droopiness
- Arm or leg weakness or numbness
- Slurred speech or difficulty speaking
- Severe dizziness
- A headache that is different or more severe than they have had in the past

two



Severe abdominal pain

If abdominal pain is intense or localized to one area, particularly the lower abdomen or right side, it could signal appendicitis, gallbladder trouble, or other potentially serious causes that may require emergency surgery.



According to the CDC, the national average ER wait time is about 30 minutes. At Avista Adventist Hospital, our average ER wait time is only 10 minutes.

five



Altered mental state

If someone is acting out of the ordinary, is confused, or expresses suicidal or homicidal thoughts, the ER is the best place for them.

6

Chest pain

Chest pain in an adult that lasts longer than a few seconds should be evaluated in the ER.

3

TROUBLE BREATHING

Shortness of breath is a serious symptom and can signal serious heart or lung disease such as heart attack, COPD, asthma, or pneumonia. If you're unable to catch your breath, you need to be seen.



4 Any traumatic injury that could have a possible broken bone or internal injury

This includes any cut that is gaping completely through the skin; if there is any exposure of muscle, tendon, or bone; or if an injury will not stop bleeding with pressure.

TO DO FOR YOU

- Buy yourself some tulips
- Drink more water
- Go for a run with a friend
- Listen to the birds
- Splash in a puddle



Sparkle is published three times annually by Avista Adventist Hospital. Executive editor is Kirsten Gurmendi. As part of Centura Health, our mission is to nurture the health of the people in our community. The information herein is meant to complement and not replace advice provided by a licensed health care professional. For comments or to unsubscribe to this publication, please email us at sparkle@centura.org. Sparkle is produced by Clementine Healthcare Marketing.

100 Health Park Drive, Louisville, CO 80027



Survival OF THE FITTEST

A local triathlete learned that heart attacks can strike even healthy, active people

Never a fan of open-water swims, triathlete Tim Howard, 52, suspected he was having a panic attack when he felt "the world closing in on me ... and a feeling of impending doom," during a 2014 sprint triathlon. He got out of the water. But when paramedics found nothing wrong, Howard went on with the race.

He finished the bike leg, but "felt horrible" and couldn't complete the run — shocking for an athlete training 16 hours a week for an Ironman triathlon.

When "horrible" became crushing fatigue later, Howard and his wife drove to Avista Adventist Hospital's emergency room. "I walked in joking about having a heart attack."

Minutes later, he says, "half a dozen people converged on the room." Tests showed he indeed had suffered a massive heart attack and would need an emergency procedure to open an artery that was nearly 100 percent blocked.



Bio Box

Dr. Lazar is a general and interventional cardiologist. His interests include prevention and treatment of coronary, peripheral arterial, and venous disease. Dr. Lazar graduated Phi Beta Kappa from Stanford University and with the highest honors from UCLA Medical School. He trained in internal medicine at UC San Francisco, cardiology at the Cleveland Clinic, and interventional cardiology at UCLA.



A RACE TO RECOVERY

Howard's near-death experience set him on the most important physical training of his life: cardiac rehabilitation.

He pushed himself — under supervision of Avista Adventist Hospital's cardiac rehab team — and "my heart fully recovered."

Eventually, with the cautious endorsement of his cardiology team, and the support of a group called Cardiac Athletes, he returned to his aggressive training schedule and got back to competition. Within only months, Howard competed in his first Ironman triathlon.

Now 56, Howard's story is a chapter in a *Cardiac Athletes* book. He hopes it will inspire other athletes, and he's eager to share the lessons his experience taught him.

FIGHTING FAMILY HISTORY

Howard knew his family history put him at heart disease risk. And while fitness didn't prevent his heart attack, it may have saved his life. "My doctor said if I hadn't built the other vessels in my heart with training, I might have died." Through his experience, Howard has learned the importance of listening to your body, and never thinking: It can't happen to me.

I don't care if you're in the best shape of your life," he says. "You can't outrun genetics, and I've learned to be a better listener."



Triathlete Tim Howard completed cardiac rehab after a heart attack, and then completed his first Ironman triathlon.

Know Your Heart

Some heart attacks are sudden and extremely painful, but most start slowly with mild discomfort. "It's not uncommon for extremely fit individuals to ignore the early warning signs — they can mimic the feelings of an overly strenuous workout," says Larry Lazar, MD, an interventional cardiologist at Avista Adventist Hospital.

Lazar reminds patients that both the risk of heart disease and risk factors for heart disease are often linked to family history. "Talk to your parents and grandparents, know your history, and share it with your primary care physician," he says. As Tim Howard learned, even the perfect regimen of healthy eating and exercise can't always prevent what genetics has in store. "If you have a family history of heart disease, and experience any early warning signs, ask your primary care provider to send you to a cardiologist. Early monitoring, prevention, and sometimes intervention are the keys when it comes to avoiding a heart attack," says Lazar.

Symptoms to watch for include:

- Chest discomfort: It can be lasting, or come and go, and often feels like pressure or squeezing
- Upper body discomfort, such as pain or pressure in the arms, back, neck, or jaw
- Shortness of breath
- Cold sweat
- Stomachache, nausea, and vomiting
- Anxiety, or a sense of doom

What's Your Type?

Understanding breast density and screening options



Dr. Taj Kattapuram

With the recent law passed in Colorado requiring women to be informed when they have dense breasts, you may be wondering what it means and what types of screenings you should consider if you're told you have dense breasts. As one of the leading proponents behind this new law, Taj Kattapuram, MD, a breast radiologist at Avista Adventist Hospital, walks us through the details.

Discovering your type — and your options

Radiologists use four categories to measure breast density:

1. Almost entirely fatty
2. Scattered areas of fibroglandular density
3. Heterogeneously dense
4. Extremely dense

Most women are a 2 or 3, Kattapuram says. Mammography is still the gold standard for primary screening for all breast types. For denser breasts — typically level 3 or 4 — a breast MRI is preferred by most radiologists for secondary screening, Kattapuram says. Women with breasts in categories 2, 3, and 4, are more likely to have mammogram results that indicate a problem that turns out to be nothing on an additional test. "MRI is most effective at detecting invasive cancers. And where ultrasound is operator-dependent, MRI is consistent across the board," she says.

Another option for secondary screening is 3-D mammography, which can provide a clearer picture of the whole breast.

"With 2-D, you're looking at a book with a clear cover. You can see some words but not everything. 3-D allows you to pick up the book and flip through the pages," she says. The technology also helps prevent false positives.

Screening saves lives

Jennifer Willard, 41, of Superior learned she had dense breasts in October 2015, after her first-ever mammogram. At first, she wasn't surprised to be called back for more imaging, as she'd been told that might happen. But two biopsies and one MRI later, her worst fears were confirmed. Willard was diagnosed with stage 2 breast cancer, and she had a double mastectomy with immediate reconstruction. While her road to recovery wasn't easy, she used the experience to start a gratitude project. "My passion with the pillows has taken on a life of its own, which truly is such a blessing in my life and continues my healing as a survivor," Willard says. (Read more about her project and how you can get involved at right.)

3 things to know about dense breasts

- 1 Dense breasts have nothing to do with size. And the only way they can be diagnosed is through a mammogram.
- 2 Women with dense breasts may need different or more frequent screenings.
- 3 Dense breasts don't make you likelier to have breast cancer, but they do make it harder to detect cancer. In addition to your breast density, other risk factors — like family history, as well your age when you had your first period and your first child — are used to calculate your cancer risk and determine the type and frequency of screenings right for you.

Avista Adventist Hospital's Breast Center offers 3-D mammography, breast ultrasound, and breast MRI. To schedule a screening, call **844-642-2273**.



A heart for giving back

During Jennifer Willard's treatment for breast cancer at Avista Adventist Hospital, her breast nurse navigator gave her a heart-shaped pillow to insert between the seat belt and surgical incisions during her many trips to the hospital. That small gift stuck with her, and Willard decided to pay it forward by ensuring others going through breast cancer had their own pillow.

What started as a one-woman sewing project has morphed into a network of dozens of "pillow parties" with volunteers in Colorado and beyond. Her initial goal was 75 pillows, but she and her team ended 2017 with a whopping 529. Many survivors have reached out to tell her what the pillow has meant to them, and the experience has been therapeutic for Willard as well. "I just have a heart for this project. It's brought me healing I didn't realize I still needed to do," she says.

If you'd like to get involved, contact Willard on Facebook at JWILL Pink Village or via email at jwillpinkvillage@gmail.com.

Jennifer Willard's passion project is sewing heart-shaped pillows for breast cancer patients to keep pressure from car seat belts off their incisions.



DOG MEETS BABY

Planning and preparation can help new additions become old friends

There's a myth that the only thing prospective parents need to do to create a safe relationship between their dog and their new baby is to let the dog sniff the baby's blanket.

Truth is, it will take much more than that, says Westminster dog trainer Jennifer Skiba, who teaches Dogs & Storks™ to expectant parents at Avista Adventist Hospital.

The process should start well before your baby's born, Skiba says. After all, you get nine months to prepare; your dog needs time to get ready, too. Here is Skiba's advice for baby-dog harmony.

BEFORE Baby Arrives

- 1. Get flexible.** New babies upend old routines. Help your dog be flexible by changing his feeding and walking routines.
- 2. Practice good manners.** Now's the time to train your dog to respond to verbal-only cues.
- 3. Reform unwanted behavior.** Does your dog put her slobbery ball in your lap or paw you for attention? Teach alternate behavior like lying calmly on a mat. Show your dog what you want her to do.
- 4. Introduce baby sounds.** Baby cries are alarming — nature intended it that way to alert sleepy parents to a baby's needs. Expose your dog to baby sounds so his reaction is, "Oh, yeah, no big deal." Instead of "Oh no! I'm scared!"
- 5. Practice calm separation.** Make sure your dog is happy and comfortable separated from you while you are home.

AFTER Baby Arrives

- 1. Plan introductions.** Prepare for your dog's first meeting with baby, and keep it calm. If you think the dog will jump on mom, have someone else carry the baby in when you get home from the hospital.
- 2. Create a safe space.** Crate, gate, or tether your dog so it can keep its distance while receiving treats, when the baby is with the adults in the room.
- 3. Don't force interaction.** If your dog is curious, the foot is a great spot to allow a quick sniff, not the head. If your dog ignores the baby, don't force the issue.
- 4. Provide constant supervision.** Never leave the dog and baby alone together.
- 5. Try boredom busters.** Most new families don't walk their dog as much as they did pre-baby. Food toys take up the slack when dogs experience a reduction in physical exercise.

Preparing your dog before your baby arrives pays big dividends. Family members are happier because everyone, including the dog, knows what they are supposed to do.

For more information and upcoming dates of Dogs & Storks, and other **FREE** baby classes at Avista Adventist Hospital, go online to avistahospital.org/events.



IN THE NURSERY

Chris Coming, an Avista Adventist Hospital baby, took fourth place in big air snowboarding at the 2018 Winter Olympics.



ONCE in a lifetime

New procedure may help **knee joints** last longer — possibly the rest of your life

Most conventionally implanted replacement knee joints last

20 YEARS

Until recently, age had a major role in timing for knee replacement surgery. Patients played a waiting game, trying to decide when to trade in their pain for a new joint.

Why the wait? Often, middle-age patients were told to hold off and endure the pain as long as possible, because the replacement they got wouldn't last forever — and when it did wear out, they may be too old to have it replaced again.

Bob Helmuth had no intention of letting his pain get that bad and thanks to a new procedure, he didn't have to. The 68-year-old financial consultant needs to rush through airports for his job. Back at home, he wants to hike, bike, backpack and, he says, "I have a pair of high-performance, all-terrain skis hanging in the garage," and no intention of missing another season.



Bob Helmuth is ready to hit the slopes next season with his new cementless knee.

A cementless solution

Adults in their late 40s, 50s, and 60s, like Helmuth, are now opting for earlier knee replacement surgery at Avista Adventist Hospital, where orthopedic surgeon Dirk Dolbeare, MD, is providing patients with new knees that don't need cement to hold them in place. That development is the key to the knee's durability, because often it was the adhesive that gave out over time, resulting in the need for a second replacement. It's too soon to know if cement-free knees eliminate that

problem, but preliminary data is encouraging, Dolbeare says. "The hope is that they last your entire life."

And there are other advantages, too. In the past, when patients had to wait longer for surgery, their pain increased as time passed, and many of them were forced to the sidelines, and out of shape. "We found that by the time people had surgery, they had developed other health issues because they weren't active. So, it was harder to recover. Now, we're seeing the advantage of treating younger people," Dolbeare says.

Ready to get back in action

Dolbeare had given Helmuth's wife two new knees. So, when the time came for his surgery, there was no question who his surgeon would be. "I had confidence in him. As a consummate professional, he's someone who tells it like it is, and really gets to know you."

Helmuth got his cement-free knee last Dec. 6, a day before his birthday. "It was the best gift I could have given myself."



Dr. Dirk Dolbeare

Dolbeare says he still performs most knee replacements on those **65** and older. But the most recent data shows that nationwide, knee replacements among those aged **45 to 64** jumped **188** percent.



Wondering if it's time for you to get a new knee? Talk with one of the orthopedic specialists at Avista Adventist Hospital to find out. Call **303-661-4460** or visit avistahospital.org.

Avista welcomes new CEO



Jillyan McKinney

Avista Adventist Hospital's newest Chief Executive Officer is a healer at heart. Jillyan McKinney, 35, took the reins of

the 114-bed community hospital in November, with a goal to partner with community physicians to help improve the health and well-being of the local community.

Ms. McKinney looks forward to building on Avista's legacy, which dates back more than 100 years to founder Harvey Kellogg, MD. "I believe in the Adventist principles of physical, mental, and spiritual healing. Helping an already impressive group of caregivers carry on their mission to build flourishing communities and deliver whole-human care is going to be incredibly rewarding."

Prior to her move to Colorado, Ms. McKinney served at Florida Hospital in Orlando as Vice President of Strategic Business Development and Vice President of Operations. Florida Hospital is the flagship of Adventist Health System, which is the sponsor of Avista. At Florida Hospital, Ms. McKinney was seen as a rising star and is now one of the youngest hospital CEOs in the national health care system.

Ms. McKinney earned her Bachelor of Science degree in business administration from Oakwood University in Huntsville, Ala.; her MBA from the University of Central Florida in Orlando, Fla.; and completed her management residency with Adventist Health System in Winter Park, Fla.

Outside of work, Ms. McKinney spends most of her time with her husband, James, and their 1-year-old son, Tré. One of their favorite activities is traveling to different countries and experiencing new cultures. At home, she enjoys furniture restoration. "However, I'm looking forward to finding new hobbies and activities now that we live in Colorado," she adds.

Portercare Adventist Health System

Avista Adventist Hospital



100 Health Park Drive
Louisville, CO 80027

NON-PROFIT ORG
US POSTAGE
PAID
DENVER, CO
PERMIT NO. 3280

Avista Adventist Hospital is part of Centura Health, the region's leading health care network. Centura Health does not discriminate against any person on the basis of race, color, national origin, disability, age, sex, religion, creed, ancestry, sexual orientation, and marital status in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact Centura Health's Office of the General Counsel at 1-303-673-8166 (TTY: 711). Copyright © Centura Health, 2018. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-303-673-1250 (TTY: 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-303-673-1250 (TTY: 711).

SPRING 2018 CALENDAR

DOG AND NEW BABY

The Dogs & Storks™ program is perfect for expecting families with dogs as they prepare for life with baby. This class helps ease families into the transition from pet parents to baby parents with pets. This 3.5-hour presentation helps you plan and prepare for baby's arrival—specifically with your dog(s) in mind. Dogs & Storks fills in the gaps left uncovered by obedience training. There will be time at the end of class for Q-and-A.

When | Saturdays, Apr 7, 9:30 a.m.-1 p.m.; OR Jun 30, 9:30 a.m.-1 p.m.

Location | Avista Adventist Hospital, Spicer Room
Cost | \$15 per person
Registration | avistahospital.org/events



SIBLING PREPARATION

This Sibling Preparation class is designed to help children ages 3 to 7 feel involved in becoming a big brother or sister.

When | Wednesdays, Apr 11; 4-5:30 p.m.; OR May 9, 4-5:30 p.m.; OR Jun 13, 4-5:30 p.m.

Location | Avista Adventist Hospital, Spicer Room

Cost | \$25 per child
Registration | avistahospital.org/events

INFANT/CHILD CPR

This two-night class is encouraged for all expectant couples, new parents, grandparents, and others who may take care of the children. Professional EMS instructors through HeartSmart, Inc. teach the CPR/pediatric first aid classes using customized curriculum specific to child emergencies.

When | Thursdays, Apr 19 and 26; May 24 and 31; Jun 7 and 14; Jun 21 and 28, 6-9 p.m.

Location | Church Ranch Neighborhood Health Center
OR

When | Mondays, May 14 and 21, 6-9 p.m.

Location | Avista Adventist Hospital
Cost | \$40 per person
Registration | avistahospital.org/events

HAPPIEST BABY ON THE BLOCK

Are you an expectant or new parent? Do you want to learn proven techniques for soothing your baby by Dr. Harvey Karp? Then join us in discovering how you can have: The Happiest Baby on the Block.

When | Saturdays, Apr 28, 9:30a.m.-Noon; OR Jun 2, 9:30 a.m.-Noon

Location | Avista Adventist Hospital, Spicer Room

Cost | \$40 per couple
Registration | avistahospital.org/events

BABY CARE

This two-night class includes lecture, discussion, films, and various informative handouts.

When | Tuesdays, May 1 and 8, 6:30-9 p.m.; OR Jun 5 and 12, 6:30-9 p.m.

Location | Avista Adventist Hospital, Spicer Room

Cost | \$50 per couple
Registration | avistahospital.org/events