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HEALTH SCIENCE®

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Health Link



IF YOU WANT TO WIPE OUT INFECTIONS, wash your hands, says Bill Leary, RN. Grande Ronde Hospital is part of a pilot project that encourages patients to remind health care workers to practice good hand hygiene.



BUGS IN HOT WATER

To kill dust mites, which aggravate allergies, try washing laundry in water that is 140 degrees or higher. Hot water kills more dust mites than water at cooler temperatures.

American Thoracic Society

NO TELEVISION MAY MEAN BETTER GRADES

You might want to switch off the television during the school week. Kids who limit television and video games during the week tend to do better in school than their media-loving counterparts.

Pediatrics

PATIENTS AND STAFF

MAKING SAFETY A PRIORITY



Bill Leary, a registered nurse and house supervisor, sets a good example.

By now you may have seen and heard the scary stories about methicillin-resistant *Staphylococcus aureus*, or MRSA, a type of staph infection that is resistant to treatment by some commonly used antibiotics, which can sometimes cause it to be life-threatening.

The good news is that only about 1 percent of the population carries MRSA. Most at risk are those who live in confined areas, have close skin-to-skin contact with others or have weakened immune systems, says Vicki Hill Brown, infection prevention and control practitioner for Grande Ronde Hospital.

In eastern Oregon most MRSA cases are community-acquired—showing up in athletes, senior citizens or those with chronic illnesses—but more cases are appearing in people with no identifiable risk factors, says Brown. Sometimes these people show no symptoms.

Infections can also be picked up in hospitals. Each year 2.5 million people in the U.S. get infections from health care settings. If conditions are right and a person's immune system is stressed, such as during illness, the bacteria can multiply, leading to infection. Patients at Grande Ronde Hospital have been protected from MRSA infection due to the hospital's long-standing screening and isolation programs that help ensure and promote patient safety.

Stopping infection is in your hands

Good hand hygiene is not rocket science. It's just plain common sense. Yet it can be surprising to learn that many people don't wash their hands when they should.

The U.S. Centers for Disease Control and Prevention recommends that you:

- Wash your hands vigorously for at least 20 seconds.
- Use soap and warm, running water.
- Dry your hands thoroughly. Wet hands can transfer germs much more readily than dry hands.
- Open doors and turn off faucets with a paper towel to avoid contaminating your clean hands.
- Use alcohol-based hand antiseptics, which are effective against many bacteria and viruses.
- Wash hands that are visibly dirty or contaminated with soap and water even if hand antiseptics were used.

"Grande Ronde Hospital has made patient safety a priority, and our staff is strongly committed to preventing hospital-acquired infections," says Jim Mattes, president and chief executive officer of Grande Ronde Hospital.

GUARDING AGAINST GERMS One of the most effective ways to protect against dangerous infections, including MRSA, is through good hand hygiene. Grande Ronde Hospital is part of a pilot project that allows patients to work as partners with their health care providers in improving the hand hygiene of doctors, nurses and other care providers.

All patients receive education brochures. Visual reminders such as posters are placed in patient rooms, and doctors, nurses and other care providers wear pins that encourage patients to ask them if they've washed or sanitized their hands.

"By empowering our patients to remind staff to sanitize their hands, we should see an increase in hygiene. We want our patients to be our partners in this," Brown says.

"I love this project," says Bill Leary, a registered nurse and house supervisor who assists with surgeries. More than a dozen patients have quizzed him about his hands since the campaign began. "This helps patients feel better and more secure, and it's very important," he says.

"We welcome patients' input to remind us to clean our hands," says Brown. "Patients can be advocates for their care. It's a win-win." ✨

InSide

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PARENTING COURSE A CONFIDENCE BOOSTER
BIRTH CONTROL ANOTHER OPTION

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SURGERY JUST A SHORT STAY
MAMMOGRAM TOO IMPORTANT TO POSTPONE



OSTEOPOROSIS

Men are at risk

If you're one of those guys who thinks osteoporosis is a woman's disease, you ought to think again.

Yes, this bone-thinning condition most often strikes women. But men can—and do—get osteoporosis too. In fact, some 2 million U.S. men have it and millions more are at risk, according to the National Institutes of Health.

Situations that may put you at risk include:

- Taking steroid medicines, such as those used to treat asthma or arthritis.
- Having a low testosterone level.
- Getting older. Your risk increases with age.
- Having certain chronic diseases, including gastrointestinal disorders that block the absorption of bone-health nutrients.
- Having a family history of osteoporosis.
- Having particular lifestyle factors, such as smoking, eating a diet low in calcium,

being sedentary or abusing alcohol.

Protect those bones Unfortunately, osteoporosis often goes undiagnosed until weak bones finally break. However, a bone mineral density test can detect bone loss. Talk to your doctor if you have risk factors for osteoporosis or if you have lost height, your posture changes or you notice sudden back pain.

You can also help maintain strong bones. For example:

- Don't smoke. Smoking is hard on your bones.
- Be sure to get enough calcium and vitamin D. Vitamin D helps your body absorb calcium.
- Exercise regularly. Weight-bearing activities, like walking, are good choices.

Your doctor will also want to treat any underlying medical conditions that threaten bone health. And if you take medicines linked to bone loss, it may be possible to use smaller doses.

Treatments specifically for osteoporosis are also available. They include bisphosphonate medicines, which can help slow or stop bone loss. ✨

PARENTING 101

Class gives new parents confidence

New moms and dads often have a romantic, idealized view of parenthood. But after the precious bundle of joy leaves the hospital, it can be terrifying for them to realize they are totally responsible for this new creature that comes without any instructions.

"Kids don't come with an owner's manual, and you can't send them back," says Ruth Bristow, a pediatric nurse who vividly remembers the roller coaster emotions that took her by surprise when she was a first-time parent.

A million unknowns confront the new parent, from dirty diapers to mysterious skin rashes, from breastfeeding to questions about why the baby is crying or sleeping so much. Combine all these concerns with fatigue and it's no wonder that new parents are anxious.

"I thought that I could do it all and that I didn't need any help," Bristow recalls. After all, she'd been a nurse for five years. But she quickly discovered she was unprepared for the postpartum adjustment. "You might have been the most organized person, and now, all of a sudden, you can't even get the dishes done," she says.

Bristow is also a licensed practical nurse at Grande Ronde Hospital Children's Clinic and a certified lactation consultant. Her experience raising her own children, coupled with her knowledge of newborns, inspired her to collaborate last fall with Patsy Johnson, a registered nurse at Grande Ronde Hospital Women's Clinic. Together they created a parenting class for new moms and dads.

The free, two-part class will be offered in May, September and November. For more information, call 541-963-1495. ✨



BREASTFEEDING

Naturally good for your baby and for you

Nothing is quite like mother's milk when it comes to feeding your baby.

To give your newborn a healthy start, the American Academy of Pediatrics recommends breastfeeding for at least six months to a year. The experience will give you and your baby a chance to bond, and it provides other benefits as well.

For instance, babies who are fed breast milk:

- Get the right amount of nutrients needed for growth.
- Are better protected against childhood illnesses and infections—such as diarrhea, middle ear infections and certain lung infections—than babies who get formula.
- Are less likely to die during the first year of life than formula-fed babies.

And for most infants, breast milk is easier to digest than formula.

Compared to women who don't nurse, nursing moms may benefit from:

- Convenience and economy. You don't have to buy, measure and mix formula. And you can feed your baby right away when he or she is hungry.
- A quicker return to pre-pregnancy weight.
- A decreased risk for cancers of the breast, uterus and ovaries.

Of course, not every woman chooses to nurse her baby and some women can't breastfeed—a health condition, for example, may cause a doctor to recommend against breastfeeding.

If you are unsure about breastfeeding, talk to your doctor before you deliver. You may be referred to a lactation counselor. ✨



Moisturizing can help heal winter-dry skin

Dry, cracked and itchy skin can be an unpleasant side effect of cold weather.

But winter months don't have to make you miserable. Just give your skin what it's missing—lots of moisture.

Skin dries out when humidity (moisture in the air) drops, as it often does in winter-time. Heated indoor environments, heavier clothing, and long, hot showers and baths can aggravate the problem.

If you have a skin condition such as dermatitis, psoriasis or eczema, you are likely to notice a change for the worse as well.

To prevent or relieve dry-skin discomfort, follow these moisturizing recommendations from the American Academy of Dermatology:

- Bathe in lukewarm water for no longer than 10 minutes. Make sure the bathroom door is closed to hold the humidity in. Put on moisturizer within three minutes of getting out of the shower or tub.
- Apply hand cream to seal in moisture immediately after washing your hands.
- Use a lotion that lists petrolatum, mineral oil, linoleic acid, ceramides, demethicone or glycerine on the product label. If you're concerned about greasiness, use a lotion with a lighter texture.
- Dab petroleum jelly on problem areas to seal in moisture and heal very dry skin.
- Use a hydrocortisone cream when your skin is red or itchy or if you have

mild eczema. People with moderate to severe eczema may need prescription medicines.

- Avoid antibacterial deodorant and perfumed soaps.
- Use cosmetics that list antioxidants on the label.
- Consider buying a humidifier to raise humidity in your home above 60 percent.
- Use a liquid fabric softener in the wash instead of dryer sheets. Dryer sheets contain perfumes and chemicals that may lead to skin irritation.
- Be prepared when you go outdoors. Apply sunscreen with a sun protection factor (SPF) of 15 or higher on exposed skin before going out and every two hours afterward. Use a lip balm with a 15 SPF to help prevent chapped lips.

If your skin becomes infected or doesn't improve, visit a dermatologist. ✨



When alcohol is a problem

Many diseases have symptoms that we can either see or feel. But alcohol problems often are more difficult to diagnose. Symptoms can be subtle and can differ from person to person. And some people may not show any outward signs at all.

How do I know? Sometimes a person's reason for drinking can be a stronger indicator of a problem than how much he or she drinks.

For instance, people who use alcohol to calm their nerves, to forget about problems or to treat depression are at risk of developing a problem. Likewise, people who feel irritable, resentful and anxious or act unreasonable when they do not drink might want to consider seeking help for alcohol dependence.

Other signs of alcohol abuse are:

- Gulping drinks quickly.
- Lying about and hiding drinking habits.
- Continuing to drink at a party or gathering after others have stopped.

What can I do? Many effective alcohol counseling programs are available.

Some, such as the well-known 12-step programs, have been around a long time. Other, newer resources also exist, including medications that curb the desire to drink. And support groups can teach people to identify and avoid triggers or situations that might bring on the urge to drink, and they provide ways to cope with those situations without alcohol.

If you think you or a loved one has a drinking problem, talk to your doctor about getting help. For more information, visit the National Institute on Alcohol

Abuse and Alcoholism at www.niaaa.nih.gov.

Source: American Academy of Family Physicians

Journal Digest



DEPRESSION MAY TRIGGER DIABETES IN OLDER ADULTS

Depression may lead to type 2 diabetes in adults 65 and older, according to a study of more than 4,600 seniors.

An estimated 2 million older U.S. adults suffer from depression, and people 65 and older are more likely than other age groups to have type 2 diabetes, the most common form of diabetes.

The study found that depression may increase the risk for diabetes even when other known risk factors for diabetes—such as excess weight, smoking and lack of exercise—are absent.

Archives of Internal Medicine, Vol. 167, No. 8



HAY FEVER CAN AFFECT YOUR WORK PRODUCTIVITY

Your ability to work may be affected by your allergies.

A study of nearly 600 U.S. adults with hay fever found that they missed, on average, an hour of work per week over the course of a year due to symptoms of their allergies, which included runny nose, sneezing, irritated throat, itchy eyes and fatigue. Most missed hours came during the spring and fall, when hay fever is at its peak.

The study participants cited two main reasons for missing work: a lack of sleep and the negative impact of hay fever symptoms on their overall health.

Missing an hour a week at work may not seem like much time. But as many as 10 to 40 percent of people may suffer from allergies, which adds up to potentially millions of lost work hours per year.

The study's authors suggest that better diagnosis and treatment of allergies could help stem that loss.

Primary Care Respiratory Journal, Vol. 16, No. 2



With new minimally invasive techniques, many surgeries no longer require overnight hospital stays, which makes Lisa Akers very happy. At Grande Ronde Hospital for her first surgery, she gets expert care from registered nurse Tina Aster.

OUTPATIENT SURGERY

A SHORT STAY AND YOU ARE ON YOUR WAY

NEED YOUR GALLBLADDER removed? How about a hernia operation? You could have either procedure in the morning and go home later that day.

That's the ever-more-frequent script in hospitals and clinics where outpatient surgeries—also called same-day or ambulatory surgeries—are performed.

Approximately 75 percent of all surgeries at Grande Ronde Hospital are performed on an outpatient basis.

Approximately 75 percent of all surgeries at Grande Ronde Hospital are performed on an outpatient basis. Some of the most common outpatient procedures are laparoscopic surgeries, arthroscopic surgeries and carpal tunnel surgery. Nationally, nearly 80 percent of all surgeries in the U.S. are performed on an outpatient basis.

Because the average cost of an outpatient surgical procedure is much less than the cost of the average inpatient surgical stay, both private and government-based insurance (Medicare and Medicaid) will often pay for outpatient surgery.

But not all procedures are covered, so check with your insurance provider to make sure the procedure you are considering is covered.

WHAT SHOULD I KNOW? It is very important to have a list of your medications on hand for your physicians and nurses to review. Grande Ronde Hospital has free wallet-sized cards for this purpose, available at the hospital registration desk. Before an outpatient procedure, your anesthesiologist and surgeon will review your medical history and give you any special instructions you'll need about your diet and medications.

In most cases, you should not eat or drink anything after midnight on the night before your procedure.

Following surgery, you'll go to a recovery area. Nurses will monitor you there until it's time to go home. Most people can return home within a few hours.

COMPLIANCE IS KEY Before you go home, you should receive both written and verbal instructions about how to take care of yourself. You should also get phone numbers to call in case of complications or if you have questions. It's important that you follow your physician's instructions to make sure your recovery is as fast, safe and pleasant as possible.

You will need to arrange for someone to give you a ride home from your surgery. That's because it takes time for the effects of anesthesia to wear off. In general, you shouldn't drive, operate dangerous machinery or make important decisions for 24 hours following your procedure, the American Society of Anesthesiologists advises.

It's normal to feel some minor aftereffects following anesthesia for outpatient surgery. Drowsiness, occasional dizziness or headaches, nausea, and muscle aches are not uncommon.

You should plan to take it easy for a few days after surgery until you feel completely back to normal. Just because you're at home doesn't mean you have fully recovered.

If you have questions before or during your recovery, be sure to talk with your doctor. ✨

You don't need antibiotics for most sinus infections

If you get a sinus infection, you shouldn't think of an antibiotic as an automatic antidote. Antibiotics are not an effective form of treatment for most types of sinus infections.

Antibiotics can be used to treat a sinus infection caused by a bacterial infection.

But it's important to remember that colds, allergies and environmental irritants—such as smoke—are more likely to cause sinus problems than bacteria are.

Antibiotics are not an effective treatment for sinus infections

caused by conditions other than bacteria.

Your doctor can usually tell you if your sinus infection is bacterial.

Signs of a bacterial sinus infection include:

■ Pain in your cheeks or upper back teeth.

■ A lot of bright yellow or green drainage from your nose that lasts for more than 10 days.

■ Symptoms that get worse instead of better after a cold has cleared up.

Even if you have a bacterial sinus infection, your doctor may first

recommend treating it with over-the-counter saline nasal sprays, decongestants or pain medication. You may also be told to use a humidifier in your home.

If the infection still doesn't clear up, an antibiotic may then be prescribed.

Remember, the improper use of antibiotics for sinus infections can increase the chances that the bacteria causing the infections will become resistant to antibiotics.

Source: American Academy of Otolaryngology-Head and Neck Surgery

RESIST ANTIBIOTIC RESISTANCE

Proper use can help you get the most out of your antibiotics

REMEMBER THE LAST time you were sick and took antibiotics? These powerful pills probably got you back on your feet again. But before you turn to an antibiotic to clear up your next illness, make sure it will do more good than harm.

Antibiotics do not cure every illness. They work only against infections caused by bacteria, such as strep throat and some ear and sinus infections. Antibiotics are useless against colds, flu and other infections caused by viruses.

If you take antibiotics too often or improperly, bacteria can build up a resistance that renders the drugs ineffective. Instead of dying, the bacteria continue to multiply—causing more harm, according to the U.S. Centers for Disease Control and Prevention (CDC).

When an antibiotic fails to work, your illness is more likely to last longer. You may also have to spend more time at the doctor's office or in the hospital. And you may be required to take more expensive and powerful antibiotics to combat the bacteria.

Antibiotic resistance can also be harmful to your family and friends. When disease-causing bacteria become resistant to antibiotics, they can quickly spread to other people, creating a new strain of infectious disease that is more difficult to cure and more expensive to treat.

PREVENTING RESISTANCE The best way to prevent resistance is to use antibiotics only when they are likely to be effective. The CDC offers these tips:

- Ask your doctor if an antibiotic is likely to benefit your illness. Find out what else you might do to feel better.
- Do not take an antibiotic for a viral infection, like a cold, the flu, and most coughs and sore throats.
- Follow your doctor's instructions when taking an antibiotic. Do not skip doses or quit taking it when you start to feel better.
- Do not save antibiotics for the next time you are sick. Throw away any leftovers.
- Never take an antibiotic prescribed to someone else. ✨

BRAIN POWER

HOW TO HAVE A HEALTHY BRAIN

WHAT'S ON YOUR schedule today?

Planning to read a book or take a walk? How about spending time with friends over dinner? Or taking up a new hobby, like playing the piano or growing a garden?

If you do any of those things, you could be doing your brain a favor.

That's because certain kinds of activities appear to help maintain brain health throughout life.

And it's never too early—or too late—to give your brain a boost, according to Paul D. Nussbaum, PhD, a member of an expert panel on brain health assembled by the American Society on Aging.

"Brain health is a lifelong pursuit that begins in the womb and doesn't end at any artificial age threshold," says Dr. Nussbaum, who is also a neuropsychologist at the University of Pittsburgh.

What's more, brain health should have the same priority as cardiac health, he says.

Research suggests that's true, according to William H. Thies, PhD, vice president for medical and scientific affairs at the Alzheimer's Association.

"The things you do to keep your heart healthy may also be good for your brain," Dr. Thies says.

BASIC MAINTENANCE Current knowledge suggests that a combination of factors may be more important in preserving brain health than any single factor.

Based on the best available evidence, the Alzheimer's Association and other experts offer these suggestions:

Control risk factors. Keep your body weight, blood pressure, cholesterol and blood sugar levels within recommended ranges.

All of these are risk factors for heart disease, stroke and diabetes—diseases that may increase the chances of developing Alzheimer's and other dementias. Eating a healthful diet and exercising regularly will help prevent or control these risk factors.

Choose a brain-healthy diet. Some foods are better than others when it comes to maintaining brain health. For example:

- Foods low in fat and cholesterol. Eat fewer foods of animal origin, such as meats, whole milk and eggs. Better choices include plant foods, which have no cholesterol, and low-fat dairy products. Avoid saturated fats (like those in hard margarine and shortening used in baked goods) in favor of monounsaturated and polyunsaturated fats, such as olive oil and corn oil.
- Cold-water fish. These are rich in beneficial omega-3 fatty acids. Omega-3s are found in halibut, mackerel, salmon, tuna and trout.
- Foods with antioxidants. Antioxidants are found in dark-skinned fruits (such as berries, cherries, plums, red grapes,



prunes and oranges); green, leafy vegetables (such as spinach and kale); vegetables in the cabbage family (such as broccoli); and some nuts (almonds, pecans and walnuts).

Pump it up. Because exercise stimulates blood flow, it may encourage new brain cells. In a study of men and women over 65, those who exercised for at least 15 minutes at a time three times a week were less likely to develop Alzheimer's disease than those who exercised less than three times.

Exercising with a companion also gives you an opportunity for socializing. And plotting your route, observing traffic signals and making choices—all of which can be part of an exercise program—requires mental activity.

Exercise does not have to be strenuous. It's most effective when done regularly and for about 30 minutes a day. But whatever you can do—walking a few blocks every day, for example—is better than doing nothing, Dr. Thies says.

Want to know more about programs offered at Grande Ronde Hospital? Visit us at www.grh.org.



Put your mind to work. Remember this: Your brain benefits most when you engage in a variety of activities that differ in frequency, intensity and social settings.

To stimulate your brain, try activities such as reading, writing, or working crossword or other puzzles. Play games, plant a garden or try memory exercises. Attend lectures and plays. Enroll in courses at an adult education center, community college or other community group.

"Any kind of activity that puts more into your brain makes it more likely that you'll go longer without suffering cognitive impairment," says D. Stephen Snyder, PhD, a specialist in Alzheimer's disease at the National Institute on Aging (NIA).

Maintain social connections. Socializing should be high on your priority list. Studies have found that participation in sports and cultural activities and having close personal relationships that provide emotional support tend to protect against dementia.

Sharing a meal, shopping, or just talking on the phone with family and friends are all ways to stay connected.

To find more opportunities for social engagement, you could: ● Stay active in the workplace. ● Volunteer for community groups and causes. ● Travel. ● Join a special-interest group—a club for chess or tennis players, for instance—or a social group.

Learn as much as you can. People who have academic accomplishments and intellectually challenging jobs may be less likely to develop Alzheimer's, Dr. Thies says. And if they do develop dementia, it may occur later in life.

However, many very smart people get the disease, while others who are less gifted intellectually don't, he says.

Lack of formal education doesn't necessarily lead to mental decline, says Susan Molchan, MD, program director for the NIA's Alzheimer's Disease Neuroimaging Initiative.

"There are many opportunities to learn if you're curious—even if you only have a grade school education," Dr. Molchan says. "You get out of your brain what you put into it." ✨

WEIGHT TRAINING

A GOOD IDEA FOR WOMEN

BIG, BURLY, BULKY—THAT'S not the body most women want from a fitness plan. So they stay away from weights, fearing they'll end up supersized.

But it's a myth that working with weights builds mammoth muscles in women.

Instead, normal weight training—important for any well-rounded fitness program—just makes women strong and fit.

Weight training is good for adults of all ages, even those who are not in perfect health. It can help:

- Increase the size and strength of ligaments and tendons, the body's support system.
- Strengthen the body's bones and muscles.
- Improve balance and flexibility.
- Reduce the risk of falls and injury, which is especially important for older adults.
- Reduce the risk of osteoporosis, bone fractures and other problems related to the deterioration of bone.

Weight training also can help manage diabetes, control weight, improve sleep, relieve depression and ease symptoms of arthritis.

GET STARTED If you have any health concerns or limitations, start with medical clearance from your doctor. Then find a qualified trainer or exercise specialist to tailor a program for your fitness level and needs.

A typical workout program will include two or three sets of eight to 15 repetitions each of exercises targeting



each muscle group—chest, shoulders, arms, back, abdomen, thighs and lower legs.

Use the heaviest weight you can to perform at least eight to 10 repetitions without stopping. When you can do 12 to 15 repetitions with little problem, increase the weight. You may have to begin with 1- or 2-pound weights, gradually working up to heavier weights.

Schedule weight-training sessions two or three times a week, working all major muscle groups each time.

Don't exercise the same muscle group two days in a row; muscles need time to recover.

ROUND OUT YOUR REGIMEN Building muscle strength is just one part of a three-part approach to fitness. You'll also need regular aerobic workouts (brisk walking, running, jumping rope, aerobics or swimming) to maintain your heart and lungs, as well as flexibility exercises (Pilates or stretching) to help your joints and muscles move easily.

Add it all up, and instead of bulky, you'll find yourself buff—and beautiful. ✨

Sources: American College of Sports Medicine; American Medical Association; U.S. Centers for Disease Control and Prevention

ENDOMETRIAL ABLATION

A HELP FOR HEAVY MENSTRUAL PERIODS

And an option to hysterectomy

HAVING LONG, HEAVY menstrual periods can be exhausting. It's inconvenient, embarrassing and sometimes painful, and it can limit how you live your life.

It can be dangerous too. Women who lose a lot of blood can develop anemia, a lack of iron in the blood.

For all those reasons, women who deal with such problems month after month often ask their doctors for relief—and one option is endometrial ablation, an effective, but not well-known, way to ease heavy menstrual bleeding.

"Are more women aware of endometrial ablation? Yes. Are enough women aware of it? No," says Franklin Loffer, MD, medical director and executive vice president of the American Association of Gynecologic Laparoscopists (AAGL).

For many women, endometrial ablation is an alternative to the major surgery of a hysterectomy, which involves removing the entire uterus and possibly the ovaries.

Ablation destroys just the lining of the uterus—the endometrium—but leaves the reproductive organs in place.

THE WHYS AND HOWS Heavy bleeding is a common problem and has a variety of causes, including hormones,

fibroids, polyps and cancer. Doctors begin by trying to identify and treat the specific cause.

Some bleeding can be managed medically using birth control pills or hormones, for instance. But if those don't work, ablation is a possibility.

"Endometrial ablation is designed to help women manage heavy periods that can't be managed in a more conservative fashion," Dr. Loffer says.

For more information, talk to your physician or call the Grande Ronde Hospital Women's Clinic at 541-663-3175.

Doctors use one of several techniques to burn off or remove the lining of the uterus:

- Electrocautery, which uses a wire loop or rollerball device to apply controlled heat inside the uterus, burning off the lining.
- Balloons, which are inserted into the uterus and filled with liquid. As the liquid is heated, it destroys the uterine lining.
- Freezing, which uses a probe and extremely cold temperatures to freeze and destroy the uterine lining.

After ablation, about 90 percent of women get relief from heavy bleeding, according to the AAGL. For many, bleeding stops altogether. Others have a light flow.

In some cases, symptoms return over time and a second ablation is needed.

And some women still need to undergo a hysterectomy later on.

OTHER CONSIDERATIONS Some other things to keep in mind about ablation:

- It is usually done as outpatient surgery, which means you go home the same day.
- It has risks—infection, blood loss or puncture of the uterus, for instance—but requires less recovery time and has fewer risks than a hysterectomy.
- It is not recommended for women who want to have children. Because ablation destroys the endometrium, there is no place for a developing fetus to attach within the uterus.
- Women still need regular Pap tests and pelvic exams after ablation.

FOR MORE INFORMATION Talk to your doctor if you think endometrial ablation might be right for you.

Go You can also learn more about ablation at the AAGL website, www.aagl.org. ✨

PERMANENT BIRTH CONTROL

A new alternative to tubal ligation gives women another option

WOMEN IN EASTERN OREGON now have a new choice when it comes to selecting permanent birth control. Until recently, women who had made the decision not to have more children had two options—they could have a tubal ligation or convince their partners to get a vasectomy.

Grande Ronde Hospital Women's Clinic now offers an alternative to tubal ligation called Essure. The procedure is done with local anesthesia in just a few minutes and involves no incisions.

The procedure has been used in urban areas for five years and is considered highly effective, says Dale Robinson, MD, of Grande Ronde Hospital Women's Clinic.

SAFETY AND CONVENIENCE "This is a technique of permanent female birth control," Dr. Robinson says. Un-

like tubal ligations and vasectomies for men, there is no incision and only local anesthesia is needed. "Because there are no incisions, there is less pain. Patients can often go back to work the next day."

The procedure can be performed on an outpatient basis, in the clinic. And though the procedure is quick, typically taking only a few minutes to perform, the patient must use alternative contraception for three months. This time period allows for tissue growth to completely block the fallopian tubes. A follow-up exam confirms the success of the procedure.

Call the Grande Ronde Women's Clinic at 541-663-3175 to learn more about birth control options and other health services for women.

Before he moved to La Grande from Baton Rouge, La., Dr. Robinson performed the technique on many women. "My patients were very excited about it. There was no post-op pain and no scars."

In addition to Dr. Robinson, Milo Hibbert, MD, and Brook Thomson, MD, of Grande Ronde Hospital Women's Clinic, offer the procedure to interested women. All three doctors are board-certified in obstetrics and gynecology.

Insurance policies that cover tubal ligation typically cover Essure, and the cost is comparable. ✨



IS IT TIME FOR A MAMMOGRAM? DON'T WAIT

IF YOU'RE A woman who can easily list a bunch of things that you think are more important than getting a mammogram, here's something worth remembering: Mammograms take minutes; breast cancer takes lives.

About one in eight American women will get breast cancer. That's a startling statistic. But there's much more positive news to focus on.

According to the U.S. Department of Health and Human Services, mammograms—combined with breast exams by a medical professional—are the most effective way to find breast cancer early. That's when treatment is most likely to be successful—and precisely why mammograms are so important.

WHAT TO EXPECT Mammograms use low-dose x-rays to examine the breasts. Those x-rays are either exposed on film—a traditional mammogram—or stored on a computer—a digital mammogram.

Most mammograms are screening mammograms. They can show suspicious areas when you have no symptoms of breast cancer.

A diagnostic mammogram may be performed if you do have symptoms or if your screening mammogram shows something unusual.

For a mammogram, a technologist positions your breasts, one at a time, in a machine that gradually compresses your breast tissue. This compression may be somewhat uncomfortable, but it's brief. It makes it possible to get the best image with the least amount of radiation.

Usually two images of each breast are created for a

screening mammogram; a diagnostic mammogram requires more images. Once the technologist makes sure that the images are of high enough quality for a radiologist to read, you can leave.

Don't delay. Talk to your doctor to learn more about mammograms or call 541-663-3175 for more information.

According to the American Cancer Society (ACS), a screening mammogram should take about 20 minutes—a diagnostic mammogram will take longer—and you should receive results of your screening mammogram within 30 days.

WHEN TO BEGIN Generally, the ACS recommends starting yearly screening mammograms at age 40. However, your doctor may suggest earlier screenings if you have a higher-than-average risk for breast cancer.

Keep in mind that if a mammogram finds something suspicious, further tests may be needed to determine if you have cancer. Usually these tests show no cancer is present.

It's also important to realize that not all breast cancers show up on a mammogram.

Still, mammography is the best screening tool for breast cancer available today, according to the Radiological Society of North America. It's to your advantage to make use of it. ✨

How to get ready

You've made the decision to have a mammogram. Good for you! Here's how to prepare:

■ **Schedule your appointment for one week after your menstrual period. Your breasts may be tender the week before your period.**

■ **If you've had previous mammograms at a different facility, request that the x-rays or digital pictures be sent to you or the new facility so that doctors can compare the old and new images.**

■ **On the day of your appointment, wear a two-piece outfit so that it's easy to remove your top. Avoid wearing deodorant or antiperspirant. These products may affect the quality of the images.**

■ **Before the exam, describe to the technologist who will be doing your mammogram any breast problems or symptoms you've experienced. You should also let the technologist know if there's any chance you might be pregnant.**

After the test, be sure to ask when you should receive your results. If you don't get those results as expected, follow up.

Source: U.S. Department of Health and Human Services

IMPROVING THE HEALTH OF OUR COMMUNITY

By BOB MESSINGER

THE BOTTOM LINE in health care is that it has to be about more than the bottom line. In 2007 Grande Ronde Hospital took this to heart as we celebrated a considerable milestone: a century of caring for the community. Dramatic changes have occurred in those 100 years, but the past 12 months serve to illustrate the hospital's commitment to improving the health and wellness of the residents of our communities.

It hasn't all been easy. It is well known that the nation is experiencing a physician shortage, and here in northeast Oregon, we've felt that crisis firsthand. Tremendous energy has been dedicated to remedying the

Grande Ronde Hospital Children's Clinic offers free weekly care for children without insurance.

situation, and at times it has been very discouraging. But continued efforts are paying off. Five new physicians recently made commitments and will arrive in La Grande in 2008—two internists, a general surgeon, a radiologist and pediatrician Michael Hetrick, MD, who began seeing new patients at the Grande Ronde Hospital Children's Clinic in January.

FILLING THE GAPS In 2006, 16.6 percent of the U.S. population was without insurance, according to the U.S. Census Bureau. In eastern Oregon (Baker, Malheur, Wallowa and Union counties) 11,745 people were uninsured. That's 14.6 percent of the population. Particularly at risk are children, with 116,000 uninsured people in Oregon under the age of 19.

To help address this issue in 2006, Grande Ronde Hospital Children's Clinic began offering free weekly care for children without insurance. In the first 18 months, 319 young patients received checkups, physicals and immunizations.

Our charity care extends to seniors and working-

age adults too—the group most likely lacking health insurance and the largest segment of the uninsured. More than \$1,480,000 in uncompensated charity care was provided to patients of Grande Ronde Hospital in fiscal year 2007.

FISCAL FITNESS Being a critical access hospital (CAH) has helped to keep us and other small, rural hospitals fiscally fit. Without the CAH designation, Grande Ronde Hospital would likely be struggling to stay viable. Why? Simply put, expenses continue to rise. New technology is very expensive, and government-sponsored health insurance programs offer reimbursement payments that are less than adequate to cover the cost of providing care.

Because Grande Ronde is a CAH, Medicare provides additional payments. This incentive makes balancing the numbers easier, making it possible to provide quality care. The CAH program is not perfect though. It limits hospitals to 25 beds. Because hospitals cannot always anticipate their daily patient census, there are unavoidable situations in which patients must be diverted to other facilities.

Fortunately, this is not a common occurrence. Our

political leaders have recognized the need for change. Sen. Gordon Smith, with co-sponsor Sen. Ron Wyden, has introduced a bill in the Senate that would provide flexibility in the CAH program. Rep. Greg Walden has co-sponsored similar legislation in the House of Representatives. With this new legislation, CAHs could appropriately accommodate emergency, daily or seasonal fluctuations.

Please show our leaders that you appreciate their sponsorship and support of this legislation, which will no doubt be taken up again this year.

Over 10 decades, the people of Union County, along with physicians, staff and volunteers, established a heritage that we can all take pride in. Reflection gives us time to pause and contemplate. In 2007 we celebrated our history. In 2008 we move forward to our future.



Bob Messinger

Bob Messinger has served on the Grande Ronde Hospital board of trustees since May 2000. He became chair of the board in January 2007.

Grande Ronde Hospital awarded national seal of approval

By demonstrating compliance with national standards for health care quality and safety, Grande Ronde Hospital and Home Care Services have earned the Gold Seal of Approval from the Joint Commission.

Founded in 1951, the Joint Commission is dedicated to continuously improving the safety and quality of the nation's health care through voluntary accreditation.

The Joint Commission conducted an unannounced on-site evaluation of Grande Ronde Hospital in the spring. The accreditation award recognizes the hospital's dedication to complying with the Joint Commission's state-of-the-art standards on a



continuous basis.

"Seeking accreditation with the Joint Commission is a way to demonstrate our commitment to patient safety and quality care," says Jim Mattes, president and CEO of Grande Ronde Hospital. "We view obtaining Joint Commission accreditation as another step toward achieving excellence."

Doug Romer, executive director of patient care services, echoes Mattes' sentiments. "We can be proud that we are accredited by the Joint Commission," he says. "It is noteworthy that many critical access hospitals do not attempt nor achieve this accreditation."

GRANDE RONDE HOSPITAL

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To find out more about Grande Ronde Hospital, visit our web page at www.grh.org or call 541-963-8421.