



Grant Regional Health Center

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Everything We Do.*



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HEALTH SCENE®

JOURNAL OF WELLNESS AND GOOD HEALTH CARE • WINTER 2016 - 2017

URGENT CARE HELP WHEN YOU NEED IT

Sometimes it's obvious when a trip to the emergency department is needed. Problems such as chest pain or heavy bleeding are clearly serious situations that need help and need it fast.

◆ But many times the

situation is less clear. That accidental cut might seem deep—but not life-threatening. Your baby's fever is high enough to concern you, but your pediatrician's office is closed.

You'd like to consult a medical professional, but is the emergency department your only option?

In many cases, no. Another type of care—urgent care—is available to treat minor illnesses or injuries, including flu, fever, earaches, rashes, small cuts that need stitches and minor fractures. Some urgent care centers also offer physical exams, vision and hearing screenings, lab tests, and x-rays, notes the American College of Emergency Physicians.

STANDING BY Urgent care centers are often open seven days a week, and many have extended hours. What's more, you don't need an appointment to go to an urgent care center. That makes it ideal for situations when you can't get a timely appointment with your regular doctor.

Another benefit of choosing an urgent care center is quick service.

When you go to an emergency department with a minor problem, you will need to wait to be seen until people with more serious problems are cared for first. That can take considerable time.

At an urgent care center, though, you are likely to be seen within an hour, reports the American Academy of Urgent Care Medicine.

WHEN YOU NEED CARE Most urgent care centers accept health insurance but may require payment at the time of service.

To get directions to our urgent care center and to learn the hours of operation, visit our website at www.grantregional.com/urgentcare.



Urgent care vs. emergency care

When your doctor's office is closed, it may be hard to know if you should go to an emergency department or an urgent care center. These lists can help you decide.

EMERGENCY DEPARTMENT	URGENT CARE CENTER
Call 911 or go to the emergency department for a serious illness or injury. Signs of an emergency include:	This is the place to go when there's a minor problem that needs treatment but isn't an emergency. If your doctor's office is closed, you might visit an urgent care center for:
■ Trouble breathing.	■ Minor cuts that need stitches.
■ Chest pain or pressure.	■ Sprains and strains.
■ Any sudden or severe pain.	■ Minor bone fractures.
■ Fainting, sudden dizziness or weakness.	■ Insect or animal bites.
■ Bleeding that can't be controlled.	■ Minor burns.
■ Severe vomiting or diarrhea.	■ Fever.
■ Coughing up blood.	■ Flu.
■ Suicidal feelings.	■ Coughs, colds and sore throats.
■ Problems speaking.	■ Earaches.

Source: American College of Emergency Physicians

HEALTH BITS



GOOD BACTERIA Your gut needs certain bacteria to stay healthy. Try eating foods that contain probiotics, which are good bacteria. Find them in fermented foods, like aged cheeses, kimchi, sauerkraut and yogurt.

Academy of Nutrition and Dietetics



RED MEANS GO! Beets get their rosy color from compounds called betalains. Studies suggest betalains may be both heart disease and cancer protective. Canned, cooked or raw, this red root provides key nutrients, such as vitamin C and potassium.

American Institute on Cancer Research

WORTH THE WAIT

Microwavable foods often have recommended stand times. Letting food sit after it's been zapped helps it cook completely and bring it to a safe internal temperature.

Foodsafety.gov



PROBLEMS BELOW

Pelvic organ prolapse is a common and treatable condition in women

WOMEN'S BODIES go through many changes, from menstruation to menopause. But there's one possible change you may not be aware of, even though approximately 300,000 surgeries are performed every year in this country because of it.

Doctors call this change pelvic organ prolapse, and it occurs when the muscles and other tissues supporting pelvic organs weaken or are injured. As a result, these organs can drop down from their normal positions.

The bladder is especially likely to slip out of place and can descend either partially into the vagina—or sometimes completely outside of it. The uterus, urethra and rectum are also particularly prone to sagging.

Need an appointment? For more information or to make an appointment with Dr. Buckley, call 608-723-3249.

WHY DOES IT HAPPEN? Giving birth is the main cause of pelvic organ prolapse. And women who deliver vaginally face a slightly higher risk of this condition than women who deliver by cesarean section.

But prolapse can also be brought on by:

- A loss of muscle strength that can accompany aging.
- Menopause.
- Pelvic surgery.
- Being overweight or chronically constipated, both of which put pressure on the abdomen.

WHAT ARE THE WARNING SIGNS? The first symptoms of pelvic organ prolapse are often subtle. For instance, it might be hard to insert a tampon inside the vagina.

But if prolapse worsens, these signs and symptoms might occur:

- Pressure or a heavy feeling in the vagina that intensifies as the day goes on or gets worse during bowel movements.
- The sensation of sitting on a ball.



COMPASSIONATE CARE: Kyrnn Buckley, MD, has over 30 years of experience in treating women's health issues and is currently accepting new patients.

5 to try: Reduce your risk of having prolapse

Here are five steps you can take to help reduce your risk of pelvic organ prolapse:

- 1 Keep your weight in a healthy range. Carrying extra pounds raises your risk for prolapse significantly.
- 2 Fend off constipation with a fiber-rich diet and regular exercise.

Straining during bowel movements adds to your risk.

- 3 Control your coughs. Frequent coughing increases your risk, so see a doctor if you cough frequently. And ditch the cigarettes if you light up; you don't want to wind up with a smoker's cough.

- 4 Use your leg and arm muscles as much as possible when lifting heavy objects.

- 5 Do Kegel exercises on a regular basis. If you're not sure how to do them correctly, ask your doctor at your next pelvic exam.

Source: American Urogynecologic Society

- Bulging tissue that protrudes out of the vagina.
- Urinary incontinence.
- Difficulty urinating or emptying the bowels completely.

WHAT ARE TREATMENT OPTIONS? If prolapse doesn't cause any symptoms—and was discovered only because of a physical exam—treatment may not be necessary.

But if you do have bothersome symptoms, your doctor

may fit you with a pessary, a silicone device inserted in the vagina that helps support pelvic organs.

If pelvic organ prolapse is disrupting your life, surgery may be your best option. Several types of surgery can correct prolapse. Ask your doctor about the risks and benefits of each option and which would be best for you.

Sources: American College of Obstetricians and Gynecologists; American Urogynecologic Society; National Institutes of Health

VARICOSE VEINS

3 KEY FACTS TO KNOW NOW

ALMOST EVERYONE RECOGNIZES varicose veins when they see them. They're the swollen, twisted veins that bulge from just under the skin, usually in the legs.

Here are three key facts you should know about these veins:

- 1 **They're common.** At least 20 million Americans have varicose veins. Women are more prone to get them than men. Risk factors include having multiple pregnancies,

getting older, being overweight or obese, standing or sitting for long periods of time, having a family history of varicose veins, and having a personal history of blood clots in the legs.

- 2 **They might not cause problems.** Despite their appearance, varicose veins often have few signs or symptoms. When they do, they may cause:

- Mild swelling of the ankles or feet.
- Pain, aches or a heavy feeling in the legs.
- Throbbing or cramping.
- Itchy legs, especially on the lower part of the leg or on the ankle.
- Discolored skin in the area around the varicose vein.

In severe cases, varicose veins can trigger hard-to-heal sores near the ankle and increase the risk of blood clots.

- 3 **They're treatable.** Doctors usually recommend

lifestyle changes as a first step for treating varicose veins. These changes often can reduce pain or other bothersome symptoms and keep the veins from growing or getting worse.

Lifestyle changes include losing weight, exercising, wearing compression stockings, and taking regular breaks from sitting or standing.

If lifestyle measures don't work, medical procedures may be needed. For instance, the veins may be closed by chemical injection, or they may be zapped closed with a laser. They can also be removed surgically. Treatments are usually done as outpatient procedures. Frequently more than one treatment is needed.

Talk to your doctor if you're concerned about varicose veins or want more information about treatments.

Sources: National Institutes of Health; Vascular Disease Foundation



BACK ON HER FEET

Lisa finally found healing at Grant Regional

AS A BUSY and organized elementary school principal, the last thing Lisa had time for in her schedule was a debilitating health condition. Her upbeat, on-the-go nature came to a screeching halt last summer when an out-of-the-blue, life-threatening case of cellulitis turned into a serious form of lymphedema.

"After an unending road to recovery, the silver lining came when I learned about the care and services that Grant Regional Health Center provides to help manage the long-lasting effects of lymphedema. I can't imagine what my life would be like today, and I'm so thankful for their expert care and concern," Lisa explains.

She was halfway into summer and enjoying a slightly slower pace than the school year allowed. Lisa is always ready to tackle a new challenge, but nothing could have prepared her for the pace she'd be forced to take during the next six months.

She vividly recalls the day it all began. She experienced flu-like symptoms and remembered thinking that it was odd to feel unwell since she is rarely ill. The next day, she noticed considerable pain in her lower left leg but shrugged it off and tried to go about her day. The third day, she describes waking up feeling as though she had broken her leg. It looked red, swollen and extremely painful. It was then and there that her life would be changed forever.

EMERGENCY TREATMENT After a fast trip to the hospital and being admitted immediately, she was informed mid-morning that she was septic and needed to be transferred to a hospital in Madison—either by ambulance or MedFlight. It was quickly determined that due to the severity of her condition, she needed to be airlifted as soon as possible. She describes the next three days at UW-Madison as a flurry of tests, antibiotics and much worry as to where all this was leading. The doctors warned that the severity of her condition could lead to the loss of her limb.

After three days at UW-Madison, Lisa was transferred to Madison Hospital, and it was at this point the doctors suspected that her leg would survive this severe case of cellulitis. Medical staff from all three hospitals agreed it was the worst case they had ever seen.

A reaction to an existing medication prolonged Lisa's hospital stay 12 more days. She recalls gaining 40 pounds of fluid during that time and her physician informing her that she could expect her leg to be swollen the rest of her life. With that daunting prognosis, Lisa returned home, only to be instructed to keep her leg elevated the rest of the summer. She was able to return to school that fall for a period of time, but the cellulitis soon turned into another major health problem—lymphedema. She was left feeling very tired and unable to keep up with the physical demands of her job.

"My leg continued to be extremely swollen and sore," says Lisa. "Even months later, I still felt very discouraged



POSITIVE OUTLOOK: Lisa's care team, Amy Roach (left, standing) and Tonya Schlueter (right, standing), provided the care and support she needed to manage her lymphedema.

and that there was no hope for any improvement." But, given Lisa's strong will and determination, she refused to give up. She continued to ask questions of her dermatologist and primary care physician. Finally in December, she was told that a treatment for lymphedema could potentially help her. That is when she learned about treatment options at Grant Regional in Lancaster.

Amy Roach, Physical Therapist at Grant Regional, has seen the life-changing benefits that lymphedema care can provide. "I was anticipating about six weeks of treatment in Lisa's case and was thrilled to see vast improvement in only two weeks!" Roach says. "She was treated three times per week, and during those visits we helped her gain confidence with her new daily routine of home exercises, deep breathing, wrapping and eventually wearing compression stockings to control the lymphedema."

"Grant Regional's lymphedema program changed my life, and I can't thank them enough!" —Lisa, Platteville

SUPPORT FOR THE FUTURE "Even though I'm so glad to be out of therapy, it really was exactly what I needed and more—it was just as much psychological as it was physical therapy!" Lisa says. "Amy and Tonya [Certified Lymphedema Therapists] were wonderful to work with! They provided so much needed support and a refreshing, positive outlook—which I was desperately lacking. I can't describe in words how this has changed my life. They shared so many important, helpful hints—like shaving cream for the irritations associated with skin damage. Who knew! It was really so much more than I expected when I first started," Lisa says.

"It's amazing to think that in just two short weeks, they were able to help me reduce the overall swelling in my lower leg by 40 centimeters (approximately 16 inches)!"

What is lymphedema?

Grant Regional offers the latest in lymphedema care

Meet Grant Regional's certified lymphedema therapists Amy Roach, PT, Tonya Schlueter, PTA, Inez Martin, OT, and Brooke Schumacher, COTA. Each of them attended a comprehensive lymphedema and venous edema management course, which included hands-on and instructional training. This experience enables them to provide our patients with the latest in lymphedema care.



Amy Roach, PT, Certified Lymphedema Therapist



Tonya Schlueter, PTA, Massage Therapist, Certified Lymphedema Therapist



Inez Martin, OT, Certified Lymphedema Therapist



Brooke Schumacher, COTA, Certified Lymphedema Therapist

What is lymphedema?

Lymphedema is a permanent obstruction of the lymph system. Reducing the lymph flow out of a limb or the trunk results in chronic swelling. Most often, lymphedema is caused by the surgical removal of lymph nodes. Some people are born with too few lymphatic structures. In other cases, surgeries or injuries can cause edema that overwhelms the venous system and, subsequently, the lymphatic system is overloaded.

Treating lymphedema

Treatment of lymphedema includes manual lymphatic drainage, a gentle technique that moves congested lymph to a healthy functioning lymphatic quadrant; exercise instruction and patient education; and compression bandaging or "wrapping" to soften the tissue, to improve muscle pumping (to stimulate the lymphatics) and to prevent "refill."

Individuals with lymphedema must manage their condition by wearing compression garments. We refer our patients to garment fitters that order and fit custom compression garments.

For more information, ask your physician or call the Grant Regional Rehab Department at 608-723-3236.

Lisa continues. "I will still have to be diligent and wear my compression stocking and take care of myself in order to avoid having the swelling return. After this difficult year, I can now say I'm much happier and getting more active each day."

Lisa looks forward to spending more time with her granddaughter, Lauren, and knows that she has the staff at Grant Regional to thank for her improved health and physical ability. She encourages anyone going through similar health problems to not wait even one day.

Our trained staff is ready to help you get back to an active life. We have four therapists that are certified in lymphedema care and have many treatment options available. For more information about lymphedema or our services at Grant Regional, call 608-723-3236.



FEATURE

TREAT YOURSELF TO THE BENEFITS *of* EXERCISE

One of the best gifts you'll ever receive isn't a budget buster. And you don't have to wait for anyone to give it to you—you give it to yourself. ♦ That gift is being active. And while you certainly know that exercise is good for you, do you know how good it really is? ♦ Consider this: People who are active for about seven hours a week have a 40 percent lower risk of dying prematurely than those who fit in less than 30 minutes during a week, research shows. ♦ Exercise may help you live longer because it can fend off a long list of health problems, from heart disease and high blood pressure to type 2 diabetes and even some types of cancer. ♦ Keep reading, and you'll discover more reasons why you should routinely treat your body to exercise.



PERMANENT WEIGHT LOSS

It's entirely possible to slim down simply by eating less. But lost pounds have a way of reappearing and settling all too comfortably on your tummy, hips and thighs. Only about 5 percent of dieters manage to keep off the weight they lose.

Exercise is the best way to stop the cycle of losing and gaining weight. Data from the National Weight Control Registry, which tracks people who have lost at least 30 pounds and have kept them off for at least a year, reveals that 90 percent of these successful losers exercise frequently.

Ready to make a change? For more information on how to make healthy lifestyle changes, call Tracy Ackerman, RD, at 608-723-3272.



BETTER BALANCE Exercise that makes your legs stronger and improves your balance, like tai chi, helps reduce your risk of falling. Falls are the most common cause of traumatic brain injuries in the U.S. Older adults are particularly vulnerable—1 in 3 people 65 and older falls each year.

STRONGER MUSCLES AND BONES Strength training isn't just for body builders. Lifting weights or working out with elastic exercise bands builds and tones muscle, which helps you stay strong and independent.

But that's only one benefit of strength training. It can also speed up a sluggish metabolism and keep pounds from creeping on in midlife and later.

Moreover, strength training—along with weight-bearing exercises such as dancing, jogging or brisk walking—increases bone density, which can help you avoid a broken hip or other fracture brought on by osteoporosis.



Exercise by the numbers

10 Number of years that regular exercise may delay brain aging. Older people who get regular moderate exercise have better memory and thinking skills than those who are inactive.

American Academy of Neurology

15 Percent that your endurance may increase when you listen to music while you exercise. Good workout music typically has a strong and obvious beat.

American Council on Exercise

2,000 The approximate number of steps in 1 mile. Fitness experts recommend that most healthy adults aim for 10,000 steps a day, or about 5 miles.

American College of Sports Medicine





A HAPPIER MOOD Is your to-do list out of control? Did your spouse snap at you, or did your teen talk back? Feeling stressed is your cue to be active. Exercise releases mood-elevating chemicals that ease tension.

Plus, workouts can seem like play—especially once you realize that exercise can be more than just sweating on a treadmill. Consider hiking a nearby trail, climbing a rock wall or playing tag with your kids. In other words, have fun exercising.



BETTER ARTHRITIS CONTROL While it may seem counterintuitive, moderate-intensity, low-impact aerobic exercise can actually help lessen the pain of achy joints and make managing arthritis easier.



TIME WELL SPENT Any exercise is better than none. But it's best if you do a combination of aerobic exercise, activities that get you breathing harder and your heart beating faster, and muscle-strengthening exercise. Here's how much you need of each:

Aerobic exercise. Aim for at least 2 hours and 30 minutes of moderate exercise (such as fast walking) every week. If you prefer vigorous exercise (such as jogging), do at least 1 hour and 15 minutes each week.

Muscle-strengthening exercise. Lift weights or do other muscle-building exercises at least two days a week. Work out all of your major muscle groups, including those in your arms, chest, back, stomach, hips and legs.

Sources: American Council on Exercise; Centers for Disease Control and Prevention; U.S. Department of Health and Human Services

MAKE IT WHOLE.

Whether you opt to use bread, wraps, tortillas or buns, make sure they are 100 percent whole grain. The first ingredient on the label should be 100 percent whole wheat, rye or corn, for example.

CREATE SOME COLOR.

Load up on colorful and nutritious veggies. Try adding tomatoes; peppers (red, yellow or green); red onion; baby greens, such as spinach or kale; roasted or grilled eggplant or squash; or mashed or sliced avocado. And for a change of pace, consider fruit—think cranberries with turkey or apricots with chicken.

BE PICKY ABOUT PROTEIN.

Choose lean cuts of meat or poultry, and use thinner slices. Read labels to find lower sodium choices. Or skip the meat altogether. Great vegetarian sandwich fillers include hummus, veggie burgers and leftover sliced bean loaf.



HOW TO BE SANDWICH SAVVY

WHETHER WE STUFF THEM, wrap them or layer them, sandwiches are a favorite American food. Depending on the ingredients, sandwiches can pile on the calories and sodium and fall short on fiber. See the graphic above for some suggestions on how to build a healthy—and satisfying—sandwich.

Sources: Academy of Nutrition and Dietetics; American Heart Association; American Institute for Cancer Research

THE SKINNY ON SCREENINGS

Thin or not-so-thin, everyone needs screening tests

IT'S EASY to come up with excuses to skip screening tests. *I'm too busy. I don't like the prep work. I'm at a healthy weight, so I don't need to get screened.*

None of those excuses are good ones—including the last one.

It's true that carrying too many pounds raises the risk for some serious health problems, such as diabetes, heart disease, high blood pressure and certain kinds of cancer.

But weight is only one risk factor. People of all sizes and shapes can—and do—get these and other diseases. Which is why screening tests are important no matter the number on your scale.

BE ON THE LOOKOUT Screening increases the chance that you'll find a problem early. That may keep it from becoming worse.

Talking with your doctor is the best way to learn which screening tests are right for you and when you need them. Here are general screening recommendations for some common diseases:

Type 2 diabetes. Starting at age 45, most people should be screened for diabetes at least every three years. You may need to be screened earlier and more often, depending on your risk factors.

Stay up-to-date on the latest health news. Check out our health library at www.grantregional.com/healthlibrary.

High blood pressure. Beginning at age 20, get yours checked at least every two years.

Abnormal blood cholesterol. Cholesterol screening is also advised starting at age 20. You usually need to be tested only every four to six years.

Cancer. Some of the cancers the American Cancer Society recommends screening for early detection include:

● **Breast cancer.** Beginning at age 45, women at average risk for the disease should start having mammograms. Women at high risk should get a yearly MRI in addition to their mammogram. Your provider can determine your risk level.

● **Cervical cancer.** Women should be tested for cervical cancer with a Pap test starting at age 21. How often they should be tested—and whether the Pap test should be combined with an HPV test—depends on age and risk factors.

● You can learn more at the American Cancer Society website, www.cancer.org. Search for “cervical cancer screening.”

● **Colorectal cancer.** For people at average risk, screening is recommended beginning at age 50. But for those with higher-than-average risk, earlier testing may be advised.

Again, your provider can determine your risk level. He or she can also help you decide which of several screening tests for colorectal cancer—such as flexible sigmoidoscopy or colonoscopy—is best for you.

Additional source: American Heart Association

GRANT REGIONAL HEALTH CENTER



WWW.GRANTREGIONAL.COM

#MYGRANTREGIONAL

Kid-tested MOM-APPROVED



HAPPY AND HEALTHY: Shown are, from left, Annabella, 4; Brady, 9, holding Zeppelin (newborn); Austin, 16, holding Arthur, 2; and Heath, 6.

It's true what they say...the more kids you have, the greater the love. But the not-so-funny thing is that it's also true that with more kids comes a higher likelihood of trips to the emergency room. Sierra, from Lancaster, knows this all too well. ♦ "I love being a mom," she explains. "My kids are my world! Every mom wants their kids to be happy and healthy!" ♦ But when accidents or illnesses happen, Sierra knows where she can turn for trusted, expert, medical attention.

Sierra is a busy, working mom of six—yes, you read that right—six busy kids.

"I have to admit, we've visited Grant Regional's ER more times than I'd like in the past few years," Sierra says.

The most recent visit ranked right up with the more serious of episodes.

HEATH AND THE GOLF CLUB Sierra's 6-year-old son, Heath, and her 4-year-old daughter, Annabella, were playing in the yard when Annabella went to swing a golf club and hit Heath square in the face, slicing a huge gash in his nose. Sierra was out of town when she got the call and arrived back in Lancaster at Grant Regional, just before the stitches.

"Heath's uncle, Blake, was a lifesaver and helped keep him calm," Sierra says. "I was very happy with my son's care and treatment. Dr. Z [Michael Zeman, MD], took great care of Heath. He's such a caring and kind person."

Ten stitches later, Heath was ready to go home.



Need urgent or emergency care? No appointment necessary! For more information, call 608-723-2143.

ANNABELLA'S TUMBLE Annabella had her own episode the summer before that when she fell at the park.

"I knew it wasn't good right away after she fell. When she hit her head, it caused her to vomit," says Sierra. "I remembered hearing about how that reaction indicates a concussion."

So off they went to the ER. This time, Jolene Ziebart, Family Nurse Practitioner, was the ER provider and recommended x-rays to rule out any other issues. The x-rays found something they didn't expect to find—a quarter lodged in her throat! They do not know how long it had been there—it wasn't causing breathing problems, so it could have been there for quite some time.

"We wouldn't have known about the quarter if she hadn't fallen at the park!" Sierra says.

ARTHUR'S EMERGENCY Arthur is Sierra's 2-year-old son. One day, Sierra noticed he wasn't acting himself. As the day went on, he was less and less active until it actually appeared as though he couldn't move at all. She took him to Grant Regional, and he was diagnosed with a severe viral infection and was later transferred by rescue squad to Madison. He was in ICU for six days and has since made a complete recovery.

Sierra adds, "Being in a large hospital definitely made me appreciate our small, hometown hospital—great care, and close to home!"

BRADY AND THE CITY OF DOME PIN "Brady is my 9-year-old," smiles Sierra. "It's sort of common...kids tend to choke on things like food, even water sometimes...it's always a scare, but this was one time I'll never forget.

It happened two summers ago. Brady was choking so bad that we called the rescue squad. Turned out he was actually choking on a City of Dome pin! Then complications arose when the pin, which was lodged in his throat, punctured his esophagus and wouldn't come out. I don't know what I would have done without the quick, expert care of the ER staff."

AUSTIN'S MATCHING CASTS "My oldest is now 16. Looking back, Austin has been pretty lucky health-wise—except for about five years ago, he broke his right wrist that summer and then the following summer he broke the other wrist! I just can't say enough about our care in the clinic and hospital."

ZEPPELIN'S HEALTHY STREAK Sierra's youngest, Zeppelin, is just 4 months old. He's been the healthiest out of the bunch—no accidents or illnesses so far! She hopes that this streak continues and that only happy, healthy days are ahead!



FEATURE

WINTER WOES

How to cope with common illnesses this winter

Cough...sniffle...sneeze. Groan...whimper...wheeze. ♦ It's the symphony of wintertime illnesses. And it's coming soon to a location near you. ♦ Should you find yourself with a winter bug, it's important to know what you can do to feel better and when you may need a doctor's help.

Here's an overview of four common winter illnesses.

COLDS Although they don't always feel like it, colds are considered minor respiratory infections. They're caused by viruses and usually run their course in about a week or two.

Symptoms include sneezing, a runny nose, congestion, a scratchy throat and coughing.

To feel better, get plenty of rest and drink lots of fluids. You might also try an over-the-counter (OTC) pain reliever and decongestant. Read the label before taking any medication.

Usually there's no need to see your doctor. Do call, though, if you have a high fever, significantly swollen glands, severe sinus pain or a cough that gets worse. They might be signs that you have something more serious.

FLU Like a cold, the flu is a respiratory infection caused by viruses, but it's potentially much more dangerous. Those at highest risk include adults 65 and older; young children; pregnant women; and people with chronic health conditions, such as asthma or diabetes.

Symptoms often come on quickly and include fever,



headache, general body aches, extreme fatigue and cough.

Treatment usually involves rest, fluids and appropriate OTC medications.

Most people with the flu recover on their own. But if you're very sick or in a high-risk group, it's a good idea to call your doctor. Get help right away if you're experiencing trouble breathing, chest pain or confusion.

Your doctor may suggest antiviral drugs that can shorten your illness and help prevent serious complications. These medicines are most effective when taken soon after symptoms start.

STREP THROAT This is caused by a specific type of bacterium. It's just one of many possible causes of sore-throat pain.

If lab tests confirm strep throat, your doctor will

probably prescribe an antibiotic. Unfortunately, sore throats are often caused by viruses, which do not respond to antibiotics.

See your doctor if your sore throat doesn't get better after about a week or if you have trouble breathing or swallowing, an earache, a rash, or a fever.

ACUTE BRONCHITIS Some of the same germs that cause colds and the flu can also lead to acute bronchitis, an infection of the tubes that carry air to the lungs. When these tubes become inflamed, they swell and mucus forms inside, making it hard to breathe.

Symptoms include coughing—which may produce clear, yellow or green mucus—wheezing, chest tightness and a mild fever.

Acute bronchitis usually goes away on its own. Be sure to get plenty of rest and fluids. Consider OTC medicines if you have a fever. Some people feel better after breathing in steam or air from a humidifier. If you smoke, you'll heal faster if you quit.

See a doctor if the cough or wheezing continues for more than two weeks, if coughing produces blood, or if you feel weak or have a high fever.

BE HEALTHY THIS WINTER It's not always easy to stay well in the winter. To improve your chances:

- Wash your hands. You can easily pick up germs by touching something a sick person has touched and then touching your eyes, nose or mouth.

- Keep your immune system strong by eating healthy food, exercising, getting plenty of rest and keeping stress in check.

And cheer up—spring is coming.

Sources: American Academy of Family Physicians; Centers for Disease Control and Prevention; National Institutes of Health

PROVIDER LISTING

**Grant Regional Health Center Specialty Clinic**

507 S. Monroe St.
Lancaster, WI 53813
608-723-3249
■ Kyrnn Buckley, MD, gynecologic surgeon

Grant Regional Community Clinic

507 S. Monroe St.
Lancaster, WI 53813
608-723-2131
■ Abby Allen, PA-C
■ Brad Binsfeld, DO
■ Erin Huebschman, MD
■ Janet Laban, APNP
■ Sheirlie LaMantia, MD
■ Laurie Meighan, APNP
■ Kelly Muench, PA-C
■ Adam Schope, MD
■ Tom Schreiber, MD
■ James "Butch" Rosser, MD

High Point Family Medicine

507 S. Monroe St.
Lancaster, WI 53813
608-723-3100
■ Neil Martin, MD
■ Misty Nemitz, APNP
■ Eric Slane, MD
■ Eric Stader, MD
■ Jessica Varnam, MD

Grant Regional Emergency Department

507 S. Monroe St.
Lancaster, WI 53813
608-723-2143
■ Liz Hinkley, APNP
■ Neil Martin, MD
■ Robert J. Smith, MD
■ Michael Zeman, MD
■ Jolene Ziebart, APNP

Family Medical Center

9177 Old Potosi Road
Lancaster, WI 53813
608-723-4300
■ Renee Edge, APNP
■ Brian Quick, PA-C
■ Kate Reuter, APNP
■ Robert Stader, MD
■ Ken Valyo, DO

High Point Family Medicine—Fennimore

1255 11th St.
Fennimore, WI 53809
608-822-3363
■ Neil Martin, MD
■ Misty Nemitz, APNP
■ Eric Slane, MD
■ Eric Stader, MD
■ Jessica Varnam, MD

Save lives by donating blood

Give the gift of life!

Mississippi Valley Regional Blood Center is the exclusive provider of blood to Grant Regional Health Center. Donating blood is a safe and simple procedure that takes about 10 minutes to complete, and the entire appointment takes about an hour. Blood donation saves lives. It's simple yet important. For more information or to schedule a donation time, call Barb Bausch at **608-723-7557**.

Donate at a blood drive at Grant Regional Health Center**Monroe Conference Room:**

■ Monday, Nov. 28, noon to 4 p.m.
■ Tuesday, Dec. 27, 2 to 6 p.m.

HEALTH SCENE is published as a community service for the friends and patrons of GRANT REGIONAL HEALTH CENTER, 507 S. Monroe St., Lancaster, WI 53813, telephone 608-723-2143, www.grantregional.com.

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