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A season of change

It’s hard to believe that fall is here already. But it’s a welcome change.

A lot of people think of making changes when the new year rings in, but when it comes to being healthier, any time of year is a good time for change.

A diagnosis of diabetes can mean a big change in lifestyle and habits. When Michael Pritchard learned he had the adult form of Type 1 diabetes, he had a lot of questions. Read more on page 6 about how The Diabetes Center at Mission Hospital provided support.

Fall is a good time to enjoy comfort food—in a healthy way. On page 8, you’ll find tempting recipes for Curried Butternut Soup, Cauliflower Pizza, and Eggplant and Tomato Gratin.

If it’s inspiration you’re looking for, look no further than this issue of My Healthy Life. On page 16, read about young Noah Woods’ battle with acute lymphoblastic leukemia. Amy Mohl has an amazing story to tell about how her heart stopped one day; read it on page 14. And on page 10, learn how Jenny Owens of Waynesville is “kicking cancer’s butt.”

There’s plenty to read and learn about in this issue—vertigo treatment, a bladder health quiz, choosing an exercise partner and more—so we hope you’ll take time to enjoy the season’s change, and let us help you be well, get well and stay well.

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E-edition at mission-health.org/magazine
For many recreational athletes who have experienced the aches and pains associated with chronic rotator cuff or tendon issues, knee tendonitis, osteoarthritis or tennis elbow, primary care sports medicine physicians, also known as nonsurgical orthopaedic physicians, maintain the specialized training in caring for injuries to the bones and joints that don’t require surgery.

Primary care sports medicine physicians help maximize function and minimize time away from activities, school, sports and work. Plus, they can guide treatment and work with physical and occupational therapists to get individuals back to an active lifestyle as quickly as possible.

There are a number of nonsurgical orthopaedic treatments to consider depending on the nature of the condition or injury. One of these might include the use of biologic therapies, a more comprehensive and holistic area of regenerative medicine and treatment that helps to regrow damaged tissue. Biologic therapy is found to be very effective in treating orthopaedic injuries among recreational and young athletes.

In addition to the musculoskeletal care patients receive, Aaron Vaughan, MD, and Brent Fisher, MD, primary care sports medicine physicians with Asheville Orthopaedic Associates, an affiliate of Mission Health, also manage traumatic brain injury in athletes. “During the fall months especially, for individuals who experience an accidental fall at home or a head injury at work or play, which includes a direct blow to the head or indirect blow to the body that causes the brain to shift in the skull, it’s important to remember the signs of concussion: blurred vision, dizziness, headaches and nausea, to difficulty concentrating and remembering,” said Dr. Vaughan, “It’s important to seek medical care immediately if these signs and symptoms are present.”

Aaron Vaughan, MD, is a primary care sports medicine physician with Asheville Orthopaedic Associates, an affiliate of Mission Health.
“Sometimes thirst is misinterpreted as hunger, so start with an offer of a cool drink.”
What should I do if my child swallows a battery?

If your child swallows a battery, you should seek immediate medical care. Because the acids are so destructive to our throats, esophagus (the tube from our mouths to our stomachs), stomach and our intestines, it needs to be removed as soon as possible. It is usually easier to remove before it leaves the esophagus or stomach. Close follow-up with a GI specialist (a gastroenterologist, or “stomach/gut” doctor) is also necessary, because of “silent damage” caused by leaking acids can lead to ulcerations, bleeding and even death. And remember, kids have ears and a nose to stick things in, too!

What are signs my child may need glasses?

Does your child squint to see the bird in the tree? Does he or she hold books close to their face to read? Do they have trouble seeing the board at school? These may be signs that your child should have an eye exam. Sometimes, one eye is stronger than the other, and corrective lenses or a patch can help strengthen the weaker eye. Children’s visual cortex, the section of the brain that receives and processes information from the eyes, continues to develop in children until about the age of eight. The earlier that corrective action is taken, the better chances your child has for good vision for life.

What are some suggestions for healthy, kid-friendly snacks?

“Mommy, I’m hungry…” “No, I don’t want that!” Two refrains most mommies hear regularly, especially during the summer, when kids are more active. Is your child thirsty? Sometimes thirst is misinterpreted as hunger, so start with an offer of a cool drink. Ice water may be too cold for some children, but cool to room temperature is usually acceptable. Try to avoid sugary drinks: they don’t hydrate as well as water and they add extra, non-nutritious calories. Fruit juices can be diluted, and fresh fruit, like strawberries, can add a visual treat they can eat. Keep one or two servings of fresh fruit handy, as well as some cut-up raw vegetables that can be “dipped” in a small amount of dressing for a crunchy treat. We also like to put yogurt in the freezer for a healthy, lower fat and nutritious cool treat.

Does our family need flu shots in the fall?

Getting flu shots early in the fall gives your body the time to develop the antibodies (infection-fighting chemicals made by your immune system) to fight off the flu. Can you get the flu from the shots? No, it is a dead virus. You may feel achy and run a low-grade fever after the shot as your immune system is activated. Can you get the flu if you’ve had a flu shot? Yes, you can: but it won’t be as severe, and you are much less likely to have complications, like pneumonia or death. We highly recommend your family get their flu shot as early as possible to stay healthier all season.

Dr. Guzman sees patients from the Angel Pediatrics practice located at 56 Medical Park Drive, Suite 204, in Franklin. To schedule an appointment, call (828) 349-8284.
Out of the Blue
Diabetes diagnosis doesn’t stop active tennis director
By Deanna Thompson

In fall 2013, Michael Pritchard suddenly began feeling exhausted just a few hours into his workday at Biltmore Forest Country Club, where he is Director of Tennis. It was a startling change for the trim, physically active Pritchard, a former high school All-American who had battled his way to the NCAA finals as a college tennis player at the University of Mississippi.

“I would go home and tell my wife, Molly, I am so tired I can hardly stand up on the tennis courts,” Pritchard recalled. “And I was drinking tons and tons of water.”

He also was urinating frequently and experiencing foot pain. Then one night the picture on the television went blurry.

Pritchard, then 40, quickly made an appointment with his family doctor, who referred him to L. Elizabeth Bernstein, MD, an endocrinologist at Asheville Endocrinology Consultants and Medical Director of The Diabetes Center at Mission Hospital.

The shocking diagnosis: diabetes—but not Type 2 diabetes, the kind seen most often in overweight, inactive adults. Testing showed that Pritchard had latent autoimmune diabetes in adults (LADA)—the name for Type 1 diabetes when it occurs in adults instead of the typical age group: children and adolescents.

“There are no good statistics on the percentage of adult diabetes patients with LADA,” Dr. Bernstein said, “but it’s the primary suspect in someone like Pritchard who is thin and active and whose diabetes has come on suddenly. Often patients with LADA also have lost weight and may have a family history of autoimmune disease,” she said.

In LADA, or Type 1 diabetes, the pancreas stops producing insulin, usually due to an autoimmune process. Type 2 diabetes, on the other hand, occurs when the body doesn’t use insulin properly and gradually develops insulin deficiency.

What Happens Now?
Reeling from his diagnosis, Pritchard peppered Dr. Bernstein with questions.

“My first thought was, am I going to be able to continue being active and doing what I do?” Pritchard said. “Any question I had, she was quick to answer.”

Dr. Bernstein assured Pritchard that his active job as a tennis director was actually a plus in dealing with the disease, managed through exercise, diet, medication and insulin injections. She referred him to Mission Health’s Diabetes Center, where Pritchard learned from certified diabetes educators about meal planning and the interaction of carbohydrates, exercise and blood sugar—critical knowledge for Type 1 diabetes patients.

“I can’t say enough good things about how they took me through the steps,” he said.

Educational programs at The Diabetes Center at Mission Hospital include individual consultations, a support group and a diabetes self-management program, accredited by the American Diabetes Association. When Pritchard recently had to begin insulin injections, he returned to The Diabetes Center at Mission Hospital for training. “Our goal is to support each patient and guide them through their journey,” said Linda Fornoff, RN, MSN, manager of The Diabetes Center at Mission Hospital.

“Right on Cue”
Nearly three years after his diagnosis, Pritchard doesn’t miss a beat on the job or in activities with his wife and two active boys, Paxton and Bridges. He follows a stringent daily exercise regimen, eats a low-carb diet, checks his blood sugar frequently and gives himself insulin injections as needed.

“He is incredibly, incredibly disciplined,” Dr. Bernstein said. “If all my Type 2 patients were like him, I would be out of a job.”

Pritchard says his Mission team has been with him every step of the way. “Dr. Bernstein has been just been awesome,” Pritchard said. “She has been my savior.”

And the Mission diabetes educators have helped in so many ways, he said: “They were right on cue with whatever I needed. And they make you feel like everything is going to be okay. That’s a great feeling to have.”
Tips from Michael Pritchard on managing diabetes and an active lifestyle

- Don’t let diabetes stop you from being active. “If you want to run a marathon, garden or play tennis, it’s not going to stop you if you control your blood sugar.”

- Develop and follow an exercise regimen. “When you exercise, your blood sugar goes down. That’s your body saying thank you.”

- Count carbohydrates. If you have diabetes, you must know the amount of carbs in a meal to properly adjust your insulin. “Without knowing the amount of carbs, it is more of a guessing game.”

- Keep a food journal, while monitoring your blood sugar regularly. “Doing this gave me a good reading on how different foods affect my blood sugar.”

- Be forgiving of yourself if your blood sugar is occasionally high. “You can’t control what your body is doing all of the time.”

You can trust the team at The Diabetes Center at Mission Hospital to help you learn to survive and thrive with your diabetes. To learn more call (828) 213-4700 or visit mission-health.org/diabetes.
Curried Butternut Soup

ingredients
8 cups  cubed peeled butternut squash (about 2 lbs)
cooking spray
1 Tbsp  butter (light buttery spread)
2 cups  chopped, peeled Granny Smith apple
(about ¾ lb)
1½ cups  finely chopped onion
½ cup  thinly sliced celery
1  bay leaf
2 tsp  curry powder
1  garlic clove, minced
3 (14½ oz) cans  fat-free less-sodium chicken broth
½ cup (2 oz)  grated extra-sharp 2% or fat-free cheddar cheese (optional)

preparation
Preheat oven to 400 degrees F. Arrange squash in a single layer on a foil-lined baking sheet coated with cooking spray. Bake for 45 minutes or until tender.

Melt butter-spread in Dutch oven over medium-high heat. Add apple, onion, celery and bay leaf, and sauté 10 minutes. Stir in curry powder and garlic, and cook 1 minute, stirring constantly. Add squash and broth, and stir well.

Reduce heat to medium-low, simmer uncovered 20 minutes. Discard bay leaf. Partially mash mixture with a potato masher until thick and chunky, stir well with a spoon. Top each serving with cheese, if desired.

You can add ground turkey meat to increase the protein.

6 servings (serving size 1 cup soup and 2 tablespoon cheese)
Nutritional information per serving: calories: 180; fat: 5g; protein: 7g; carbs: 28g; fiber: 9g

Hearty and Healthy

Fall brings bold colors and fun to western North Carolina. These delicious dishes can add the same to any meal.

By Elizabeth Holmes,
Clinical Nutritionist Educator,
Mission Health

Like these recipes? Tag us in your favorite recipe photo on Instagram at @missionhealthnc.
Eggplant and Tomato Gratin

**Ingredients**
- 1 lb eggplant, cut diagonally into ¼-inch-thick slices
- cooking spray
- ¼ tsp salt
- ½ cup (2 oz) grated fresh Parmesan cheese
- 2 tsp chopped fresh oregano
- ¼ tsp freshly ground black pepper
- 4 garlic cloves, minced
- 6 plum tomatoes, cut into ¼-inch-thick slices
- 2 medium zucchini, cut into ¼-inch-thick slices

**Preparation**
Preheat oven to 375 degrees F. Arrange eggplant slices in a single layer on a baking sheet coated with cooking spray. Coat slices with cooking spray; sprinkle with salt. Bake for 16 minutes, turning after 8 minutes.

Combine salt, Parmesan cheese, oregano, pepper and garlic in a bowl. Arrange half of the eggplant slices in an 8-inch square baking dish coated with cooking spray. Arrange half of the tomato slices over eggplant slices. Top with half of zucchini slices. Sprinkle with half of cheese mixture. Repeat procedure with remaining eggplant slices, tomato slices, zucchini slices and cheese mixture.

Bake, covered, at 375 degrees F for 1 hour. Uncover and bake an additional 10 minutes or until vegetables are tender and cheese is golden brown.

8 servings
Nutritional information per serving: calories: 87; fat: 2.8g; protein: 5.5g; carbs: 11.2g; fiber: 4g; cholesterol: 6mg; iron: 0.9mg; sodium: 257mg; calcium: 140mg

Cauliflower Pizza

**Ingredients**
- 2 lbs cauliflower florets, riced
- 1 egg, beaten
- ⅓ cup soft goat cheese
- 1 tsp dried oregano
- pinch salt
- pizza toppings (sauce, cheese, pepperoni, peppers, onions, etc.)

**Preparation**
Preheat oven to 400 degrees F. To make the cauliflower rice, pulse batches of raw cauliflower florets in a food processor, until a rice-like texture is achieved. Fill a large pot with about an inch of water, and bring it to a boil. Add the "rice" and cover; let it cook for about 4-5 minutes. Drain into a fine-mesh strainer. Transfer rice to a clean, thin dishtowel or use cheese cloth. Wrap up the steamed rice in the dishtowel, twist it up and then squeeze all the excess moisture out. Be careful, the cauliflower will be hot!

In a large bowl, mix strained rice, beaten egg, goat cheese and spices with your hands. Press the “dough” out onto a baking sheet lined with parchment paper. It’s important that it’s lined with parchment paper, or it will stick. Keep the “dough” about an inch thick, and make the edges a little higher for a “crust” effect, if you like. Bake for 35-40 minutes at 400 degrees F. The crust should be firm and golden brown when finished.

Add your toppings. Return the pizza to the 400 degrees F oven, and bake an additional 5-10 minutes, just until the cheese is melted. Slice and serve.

4 servings
Nutritional information per serving: calories: 125; fat: 7g; sodium: 500mg; carbs: 9g; fiber: 4g; protein: 9g
Breast cancer scares were nothing new to Waynesville resident Jenny Owens. Since 2002, she had endured an on-and-off series of lumps, mammograms, ultrasounds and biopsies. In the summer of 2015, when she found a new lump, Owens was as concerned as always, but she believed it would be just another benign tumor.

Unfortunately, her biopsy results showed that her streak of false alarms had ended. She was diagnosed with stage III breast cancer—invasive ductal carcinoma and a lymph node positive for metastatic cancer. Rather than feeling defeated by this news, Owens launched into fight mode.

“The question no one wants to admit asking themselves was one I answered by my first oncologist appointment,” said Owens. “The question was: ‘Why me?’ And my answer was: ‘Why not me?’ I was uniquely prepared for this battle. I had dealt with cancer before when my son had it, and I knew what to expect. And, as an Air Force veteran, I was trained to fight. So I knew if this cancer wanted to pick me for a battle, I was going to give it one hell of a fight.”

Owens was not going to take any chances in cancer coming out the winner. She would do everything she could to make sure the odds were in her favor. This meant choosing a double mastectomy over a lumpectomy with radiation, even though the treatment results are similar in terms of long-term survival. “I felt even a small reduction in recurrences was worth it,” Owens said.
The surgery was successful, and Owens’ additional nodes had been checked and were negative for cancer. When Owens’ pathology report returned with the news of clear margins, it was also found that her largest tumor was interspersed with scar tissue. Because the true size of the actual tumor was smaller than previously thought, Owens’ cancer was downgraded to stage IIB.

After surgery, it was time for Owens to begin additional treatments. Because her cancer was strongly hormone receptor positive, she had to undergo hormone therapy. And there were also cancer-targeting treatments to consider.

“There was debate over whether I should undergo chemotherapy, radiation therapy or both,” said Owens. “As my doctors were making this decision, my feelings were factored in. Some patients want to medicate only where absolutely necessary; while others want to lob everything at the cancer, including the kitchen sink. Both approaches are valid, but I belong to the latter group. I let my doctors know that if chemotherapy and radiation would reduce my recurrence rate by even just 1 percent, I was going to do it.”

Owens retained her fighting spirit throughout her chemotherapy and radiation. “I envisioned my two chemo meds were Jackie Chan and Chuck Norris going in to kick some tail!” she said. “On the second day after my first chemo, I actually spoke at the Taking Strides breast cancer event and walk in Asheville. I even had some bracelets made for my friends to wear to remind them to pray for me and to remember that I was fully committed to fighting this disease all the way. The bracelets read: ‘Jenny Owens—Kicking Cancer’s Butt!’”

“A Team for Me”

Owens was able to make informed decisions about her care because of the information, advice and support given to her by her care team. The options Owens’ doctors presented to her were a result of meetings in which all of her providers gathered to discuss and plan her coordination of care. This approach ensures that each patient receives seamless, individualized treatments. Rachel Raab, MD, a medical oncologist and Director of the Mission Breast Program, stated that this multidisciplinary approach to care is extremely important in providing each patient with the most up-to-date and state-of-the-art breast cancer treatment.

“The old model of care had each provider looking at his or her own piece of the puzzle,” said Jennifer McAlister, MD, breast surgeon with Regional Surgical Specialists, a part of Mission Health, and a member of the Mission Breast Program. “The surgeon took care of the surgery and then sent the patient on to the radiation oncologist and so on. At Mission, however, we’ve found that a team approach benefits the patient better. Not only does it reduce the number of office visits, phone calls and questions on the patient’s end, it also makes sure the care is more customized and better coordinated.”

Dr. Raab agreed. “The involvement of physicians and individuals from multiple specialties, including not only medical, surgical and radiation oncology, but also plastic surgery, radiology, pathology, genetics, nurse navigation and physical therapy is necessary to provide women with the most up-to-date care,” she said. “It truly takes a team in order to properly care for someone with breast cancer. That’s why the Mission Breast Program is a collaboration between multiple practices.”

Owens’ team consisted of surgeon Dr. McAlister, oncologist Dr. Raab, radiation oncologist Kellie Condra, MD, nurse navigator Janet Magruder, RN, and many other care providers, including a geneticist, plastic surgeon and multiple nurses and coordinators.

“What I learned in the weeks before my surgery was that I had my own special group of people who would meet to discuss my case and make decisions together,” said Owens. “A team for me—and I loved every one of them.”

Dr. McAlister pointed out that one of the goals of care coordination is to give patients this kind of confidence in their care. “Patients feel better knowing they have a solid plan and a dedicated team,” she said.

Owens said she was also pleased with her providers on an individual basis. “From the beginning, I could see that Dr. Raab was sweet, gentle and immensely skilled,” she said. “And during our very first appointment, Dr. Raab contacted Dr. McAlister, who called her back while I was still at the appointment. I was impressed. I felt I was going to be in good hands with these doctors.”

Now, over a year since her initial diagnosis, Owens is doing well. She gets monthly injections of a drug that shuts down her ovaries—another precaution. “In premenopausal women, these drugs prevent estrogen from being formed by my body,” she explained. “And since my cancer loves estrogen, I have put it on an estrogen-free diet.”

She also pointed out that her kind of cancer isn’t one that’s typically considered cured. Rather, her goal is to remain cancer-free—but with follow-ups and monitoring for life.

Now, however, she’s more conscientious than ever about her health. She said if there was one thing she could go back and do differently, it would have been taking every lump seriously, regardless of how many false alarms she had had before.

There is one thing Owens says she’s certain she wouldn’t change about her breast cancer journey, however: her treatment team. “I don’t feel it would be possible to have a better experience than I have had with the Mission Breast Program and the doctors who provided my care,” she said. “They quite literally saved my life—how could I complain?”

Rachel Raab, MD, is Director of the Mission Breast Program and a hematologist oncologist with Cancer Care of Western North Carolina, an affiliate of Mission Health.

Jennifer McAlister, MD, is a breast surgeon with Regional Surgical Specialists, a part of Mission Health, and a member of the Mission Breast Program.

Kellie Condra, MD, is a radiation oncologist with Mountain Radiation Oncology, a part of Mission Health, and a member of the Mission Breast Program.
Ending an Addiction

Smoking cessation program helped lifelong smoker John Miall quit for good

By Jennifer Sellers

A sheville native John Miall had smoked cigarettes since he was a teenager. Over the years, he tried to quit a few times, but never made a serious effort. Then, something happened that finally convinced him. In fact, it scared him straight.

“When I went in for a physical three years ago, my wife wanted me to ask for a chest X-ray,” the 64-year-old Miall remembered. “I had smoked for decades, I was overweight and I had a nasty cough—but I didn’t expect anything to be wrong with me. I humored her.”

Miall’s humor turned to fear when the X-ray results revealed a spot on his lungs. His doctor ordered a large battery of tests to further investigate the cause of the spot. It was while Miall was lying on a table watching his heart catheterization on a screen that the reality of his situation finally came down on him.
“There are no words to describe how scared I was,” he said. “At that moment I promised God that if he got me through all of that okay, I would quit smoking and lose weight.”

After all was said and done, Miall ended up with a clean bill of health. The spot was believed to be possible scar tissue from a bout of pneumonia he had in college.

In response to his good news, Miall decided to make good on his promise. “I put the cigarettes down, and I joined Weight Watchers,” he said. “I haven’t smoked in three years and I’ve lost 112 pounds.”

Kicking the Habit for Good
When Miall first quit, he was climbing the walls. To make the process easier, he decided to meet with Donna Borowski, a nicotine cessation specialist with the MyHealthyLife Nicotine Dependence Program. As a former health benefits manager,

Miall was familiar with the program. In fact, he said he frequently referred employees to Borowski—all the while continuing to maintain his own habit. Suddenly he found himself in need of the service he had avoided for so long.

“For that first year, I would still sneak e-cigs and lozenges,” said Miall. “The cigarettes were the easy part; I just put them down and never picked them back up. It was the nicotine addiction that was a longer process. Eventually, the help I was given showed me I was able to eliminate it all. I thought, ‘I can do this.’”

Miall said that Borowski made the transition easier by being not only an advocate, but also an educator and a friend. “She didn’t beat me up over not giving up the nicotine right away,” he said. “She helped me understand what my body and brain were doing, and helped me work around that. It was just a lot of support, and it made a huge difference.”

According to Borowski, working closely with patients and offering well-rounded, individualized support are key to success. “We’re an evidence-based program,” she said. “We know that counseling, coaching, education and medications make a difference for someone overcoming this addiction. There is planning that goes into quitting tobacco, and planning for relapse prevention. We work closely with each individual to help develop a plan that works for them.”

The MyHealthyLife Nicotine Dependence Program has a higher-than-average success rate of 55 percent (based on a monthly assessment over the past 7 months) due to this approach. “The frequency of visits, constant support, medications and education are what contribute to our success rates,” said Borowski. “We provide a safe place for people to go through quitting and all that it brings up for each person.”

Miall said he would recommend the program to anyone who is serious about quitting. “You have to want it—if you do, they’ll give you everything you need to succeed,” he said. “I had tried to quit before, but would start again when stressful situations cropped up. I had stresses this time, too, but I was able to stay committed. My medical scare motivated me to want it, and the help of the Nicotine Dependence Program allowed me to do it. I was able to do the impossible: kick a lifelong smoking habit while also losing weight. That simply wouldn’t have happened without the accountability and support I’ve received from my family, doctors and Donna.”

Donna Borowski is a nicotine cessation specialist with Mission Health’s MyHealthyLife Nicotine Dependence Program. (828) 213-8250

Ready to quit smoking? Learn more about how the MyHealthyLife Nicotine Dependence Program can help you or a loved one at mission-health.org/quit-tobacco.
From the Brink...
New innovative heart procedure saved Amy Mohl’s life
By Jason Schneider

Picture it: You’re at work, going about your normal daily routine, and your heart stops. Without warning. It’s not a plot from a television medical drama; it happened last August to Amy Mohl, lodging human resources training manager at The Biltmore Company.

“I was at work, just a normal day at Biltmore, and I suddenly had cardiac arrest in the afternoon,” she said.

Co-workers rushed to Mohl’s aid, using Biltmore’s automated external defibrillator. “Once it said that my heart had stopped, they used the machine, and EMS showed up shortly after,” said Mohl. “They brought me to Mission Hospital, where I underwent some tests and they admitted me into ICU.”

There, Mohl underwent a procedure known as Code Cool, in which her body temperature was lowered to prevent brain swelling and neurological damage, and she was put into a coma for seven days. “They pretty much lowered my core body temperature so that my body could recuperate from such traumatic stress of the heart,” she said.

“No Symptoms Whatsoever”
When Amy awoke, she met John Rhyner, MD, cardiac electrophysiologist with Mission Heart and Asheville Cardiology Associates. He ran a series of tests—electrocardiogram, echocardiogram, CT angiogram of the chest, chest X-ray, telemetry and cardiac catheterization—on Mohl to determine why her heart had stopped.

“Everything came back clear,” she said. “Nothing on the EKG, no blockage, no sign of what caused my heart just to stop. We looked at stress levels, but that wasn’t a concern. No symptoms whatsoever, and the only medication I was on was a multivitamin.” There’s no history of heart disease on either side of Mohl’s family.

To prevent it happening in the future, Dr. Rhyner suggested a subcutaneous implantable cardioverter defibrillator (S-ICD).

“Subcutaneous devices aren’t appropriate for every patient requiring an ICD, though for some it is a superior option,” said Dr. Rhyner.

Security—Under the Skin
The device Mohl received, explains Dr. Rhyner, consists of a pulse generator placed under the skin on the left side of the chest. A single lead runs along the sternum (breastbone), and sends electronic impulses to the heart if it senses abnormal rhythm. “The projected longevity of the pulse generator is eight years,” he said.

After having the S-ICD installed and being released from the hospital, Mohl visited her office “for a quick meeting, just to let everyone see that I was okay and to give a thank-you chocolate to everybody, especially my security officers,” she said. The following Monday, Mohl was able to go back to work. “Dr.
Rhyner said, do what you feel like you can do, so I went back to work very quickly,” said Mohl.

One of the most difficult things, said Mohl, was trying not to use her left arm as much for the first couple of weeks after having the device implanted. “That was quite interesting because I’m left-handed, so I always wanted to grab something,” she said.

With the S-ICD, keeping Dr. Rhyner updated is easy. “I have a little machine inside my home. It has a little white heart on it, and when the little heart blinks, I walk over to it and hit the heart button and stand there for about two minutes,” said Mohl. “It transmits everything over to my doctor’s office.”

**Back to Normal**

Mohl is traveling again and doing all the things she did before. “I’m definitely tracking stress levels, and also nutrition, because anytime you have something that stresses out your heart—any kind of cardiac arrest that you survive—there’s always a chance that it could happen again,” she said. “But I literally leave home every day knowing that I’m safer now having [the S-ICD] than when I did not have it.”

“When I tell people this happened to me, they’re like, ‘What? I didn’t even know you were out of work. When?’” She laughs. “If you meet me or see me, you’ll see I’m just the strong-willed person that I’ve always been, and I’m not stopping at anything!”

John Rhyner, MD, is a cardiac electrophysiologist with Mission Heart and Asheville Cardiology Associates. (828) 274-6000

For more information about Mission Heart, call (828) 274-6000 or visit mission-health.org/heart.
Tested beyond Belief

When 5-year-old Noah Woods was diagnosed with leukemia, Mission’s Child Life program stepped in to provide support.

By Jason Schneider

To learn more about the pediatric cancer services at Mission Children’s Hospital, visit missionchildrens.org.
Learning your child has cancer is one of the most difficult things any parent can endure.

Earlier this year, Michele and Billy Woods received the news that their 5-year-old son, Noah, has acute lymphoblastic leukemia (ALL). “Being told your child has cancer is something I find very hard to describe. It truly shakes the foundation of who you are and can test you beyond belief,” said Michele.

In January, his parents took Noah to his pediatrician because of a fever. “He did blood work and referred us to Mission,” said Michele. “We met Drs. [Douglas] Scothorn and [Krystal] Bottom at the Mission Children’s Hospital suite in the SECU Cancer Center. On that day, Noah was admitted to the hospital to run more tests to confirm the diagnosis of ALL.”

Support at Every Stage
For diagnoses such as this, Mission’s Child Life program provides support to the family. “When children are first discovered to have a diagnosis such as cancer or any type of life-threatening illness, Child Life immediately becomes involved with helping the patient and their siblings cope with and understand what is happening to their bodies and why they are having to stay in the hospital,” said Julian Cate, CCLS, Certified Child Life Specialist, Mission Children’s Hospital.

“Child Life has helped tremendously at every stage of his treatment,” said Michele, adding that Noah has had IV chemotherapy, intrathecal chemo and chemo by mouth, along with a long regiment of steroids.

“Miss Julian helped Noah understand what cancer is. [She] drew a life-size picture of Noah and had Noah draw black circles in the picture. She then had Noah fill empty syringes with paint and he was able to squirt the black circles. She explained the black circles was his cancer and the paint was the chemo medicine that will get rid of the cancer,” Michele said. “Noah still refers to his cancer as the ‘black spots’ in his blood and has his ‘artwork’ hanging in his playroom at home.”

Dealing with the New “Normal”
Noah has handled his treatment like a champ. “Kids are incredible,” said Michele. “It is unreal to watch how well he has learned to accept that the doctor visits and procedures are now part of the ‘normal’ for him. He still gets very anxious when his port is being accessed, and he does not grasp how long this treatment is going to last. Physically, he tries to be as normal as possible, although he gets tired and will voluntarily lie down to take a nap.”

And he’s kept his sense of humor, too. “Noah likes to bring in toys when he comes, and scare the staff with them,” said Melanie Clark, RN, nursing supervisor of the pediatric hematology/oncology outpatient clinic at SECU Cancer Center. “His favorites are rubber snakes and spiders. I do not like spiders, and Noah has figured that out very quickly. The other day, while I was working with him, he very quietly placed a rubber spider on my shoulder and made me jump. He laughed and giggled for several minutes about the fact that he ‘got me.’ Being able to bring a smile to Noah’s face and hear him laugh are the most rewarding times of all!”

Minimizing Stress
Clark agrees that the Child Life program has helped Noah tremendously. “They have helped him to realize that the clinic is not a scary place, but rather a place where he comes and receives the help and medications he needs to get better,” she said.

“The Child Life program is all about collaborating with the medical team to help the patients and their families cope to the best of their ability with the stressors of a healthcare crisis,” said Cate. “I believe that between Noah’s inpatient experience and his many outpatient clinic appointments, the Child Life team has been able to maximize his coping and minimize his stress surrounding a very life-changing event in his world.”

Noah’s parents feel fortunate to be supported by so many friends and family members. “Above all, our faith has gotten us past the dark times. We have learned to take one day at a time and to find the blessings hidden in the hardship,” said Michele. “We feel very blessed to be at Mission and have found a ‘family’ who treat us as if they were treating their own. Everyone involved in Noah’s care has been wonderful and we could not ask to have been treated any better.”

1% Childhood cancers of all cancers diagnosed each year
10,380 Number of children under age 15 diagnosed with cancer in the U.S. in 2016
30% Percent of all cancers in children that leukemia accounts for

Source: American Cancer Society

Julian Cate, CCLS, is a Certified Child Life Specialist at Mission Children’s Hospital.

Melanie Clark, RN, is nursing supervisor of the pediatric hematology/oncology outpatient clinic at SECU Cancer Center at Mission Health.
What’s Your Bladder Health IQ?

Take our quiz to see how much you know about bladder problems, causes and treatments

By Jason Schneider

Quiz

1. Symptoms that you may have a bladder problem include:
   a. Dizziness
   b. Pain when urinating
   c. Blood in the urine
   d. Both b and c

2. Urinary tract infections can be caused by:
   a. Sitting in a hot tub
   b. Tight-fitting clothes
   c. Sexual activity
   d. All of the above

3. Symptoms of an enlarged prostate in men include:
   a. Dizziness
   b. Frequent urination at night (nocturia)
   c. Craving cranberry juice
   d. All of the above

4. You can help prevent bladder problems by:
   a. Not smoking
   b. Drinking plenty of fluids
   c. Seeing a provider for any symptoms
   d. All of the above

Answers

1. d. Both b and c
   Pain with urination can be from an infection or other causes, but should be evaluated by a health professional. “Blood in the urine can be a signal of a urological problem, sometimes a serious one,” said Gale. “Don’t ignore this, even if it happens and then goes away.” Blood in the urine can be a symptom of bladder cancer—the fourth most common cancer among men—and cure rates are much higher if caught early. Blood in the urine can come from less worrisome causes such as kidney stones or an infection. You should see your provider if you see any blood, regardless of the amount.

2. d. All of the above
   Urinary tract infections (UTIs) are common, and are usually treated with antibiotics. “Most urinary tract infections are in females because their anatomy makes it more likely that bacteria can get into the bladder,” said Gale. “Sometimes, women will find they have more frequent infections after menopause because of the reduction of estrogen, which is protective. Also, younger women are more likely to have UTIs related to sexual activity.” Other problems can cause UTIs, including enlarged prostate in men, neurological problems, kidney stones, anatomical issues and conditions that affect the immune system.

3. b. Frequent urination at night (nocturia)
   In men, bladder issues can be caused by a condition called benign prostatic hyperplasia (BPH), in which the prostate becomes enlarged. “Difficulty urinating, stopping and starting, or slowing of the stream can signal BPH or other problems and should be evaluated,” said Gale.

4. d. All of the above
   “Drinking plenty of fluids flushes bacteria out of the bladder and urethra, and can help prevent kidney stones,” said Gale. “There is some evidence that cranberry juice and probiotics may help prevent some types of bladder infections.” Avoiding smoking is critical to preventing bladder and kidney cancers. “If you smoke, please quit. This is the most important thing you can do for your bladder and general health,” said Gale. For women, performing Kegel exercises to keep the pelvic floor muscles toned and strong, especially after childbirth and menopause, can be helpful.

Linda Gale, PA, practices at McDowell Urology.
(828) 656-5700
Help for Varicose Veins
Endovenous ablation procedure relieves symptoms

By Jason Schneider

Many people might consider varicose veins something only cosmetic, but their symptoms can cause much pain and discomfort.

Although varicose veins occur more often in women because of heredity and childbirth, they can also be a problem for men—as many as 17 percent of men, according to some estimates.

Varicose veins are caused when weak or damaged valves in leg veins allow blood to flow backward. This is called venous insufficiency. The walls of leg veins are normally soft and small but the walls become weak and enlarged after chronic exposure to increased pressure secondary to venous reflux.

“Symptoms of varicose veins include pain, swelling, burning, heaviness, itching, tingling, inflammation, discoloration and bleeding,” said Toby Cole Jr., MD, interventional radiologist with The Vein Specialists of Carolina Vascular, an affiliate of Mission Health. “Untreated venous insufficiency can ultimately lead to leg ulcers,” he said. “Recent studies suggest having veins treated sooner rather than later provides better long-term results and benefits.”

Varicose vein treatments offered by The Vein Specialists of Carolina Vascular are endovenous ablation and microphlebectomy. The procedures are less invasive than conventional vein surgery and leave minimal to no scarring, and it is an outpatient procedure.

The treatment works by using radiofrequency energy or laser energy deposited inside the vessel, explains Dr. Cole. “The body’s reaction closes the vein, so there’s no reflux. It decreases venous insufficiency in the lower leg, which in turn decreases the pressure that contributed to the patient’s symptoms.”

The advantage of this procedure over other types of treatment, said Dr. Cole, is closure of the veins and the elimination of venous reflux. This in turn provides symptomatic relief and prevents the development of future skin problems such as skin thickening and ulceration.

The recovery period for endovenous ablation and/or microphlebectomy is approximately two weeks of walking and moderate activity.

Want great looking legs? Call the varicose veins experts at The Vein Specialists of Carolina Vascular at (828) 670-VEIN (8346) or visit theveinspecialists.com.

Toby Cole Jr., MD, is an interventional radiologist with The Vein Specialists of Carolina Vascular, an affiliate of Mission Health. (828) 670-VEIN (8346)
Making Preventive Care a Family Affair

Cervical cancer survivor Elizabeth Suttles knows firsthand the importance of Pap smears

By Jennifer Sellers
HOPE Women’s Cancer Center allows patients to receive comprehensive, specialized treatment for gynecologic and breast cancers. The care is provided by fellowship-trained gynecologic oncologists and medical oncologists. The commitment and compassion from the physicians and staff as well as the beauty of the facility itself create a warm and comfortable environment for women. In addition, a collaborative treatment approach provides the most comprehensive care possible with access to the newest technologies and research trials. To schedule an appointment at HOPE Women’s Cancer Center, call (828) 670-8403.

“A New Routine

Now, Suttles knows how important Pap smears are in early detection of cervical cancer, so she makes sure that both she and her oldest daughter stay on schedule.

“Early screening for cervical cancer can detect abnormal cells, high-risk HPV (human papillomavirus) status and early stage disease,” said Dr. Patel. “The most recent recommendation for women is to screen for the first time at age 21, and then every three years if the risk factors are the same. If Pap plus HPV are tested and negative, then co-testing can be done every five years. Although every patient is an individual with her own risk factors, the physician will use discretion in deciding how often a patient needs to be screened.”

Because of her history, Suttles is extra cautious about exams for herself and her daughter, preferring to get them annually. “The peace of mind is worth it,” she said. “I know that exam saved my life.”
my healthy life

early hospice

Finding Peace

Early hospice care helps improve quality of life for the end of life

By Jennifer Sellers

Rex Snodgrass of Asheville was an active, energetic person when he was diagnosed with lung cancer. His health had declined slightly as he entered the later years of his life, but he remained full of vitality overall. When his cancer was first diagnosed, it seemed that trend would continue. After all, it was a small tumor that had been caught relatively early. Unfortunately, the location of the tumor caused it to quickly metastasize and enter Rex’s spine. Before they knew it, Rex and his wife, Denise, were confronted with end-of-life issues.

“He underwent surgery, chemo and radiation,” said Denise. “Initially, it looked like he was going to be okay, but the cancer came back. Once it had spread to the bone, the doctors talked to us about the possibility of additional chemo—however, we were told it would probably only extend my husband’s life a few weeks past his remaining time. Rex’s response to that was, ‘Why would I want a few more weeks of the worst time of my life?’ At that point, we decided to explore other options.”

After researching palliative care and hospice, the Snodgrasses decided that in-home hospice care through CarePartners Hospice Services would be their best bet. “It was very important to my husband to live out the rest of his life at home and to have the best possible life he could with what he had left,” said Denise. “He wanted what one might call a ‘good death.’”
Advance Care Planning

Most of us would like to die at home, surrounded by our loved ones, but many haven’t made the necessary plans. Getting your advance directive and healthcare power of attorney documents in place can be a gift to both you and your family. Here are some steps to get you started, according to Dylan Babb, community outreach manager for CarePartners:

- Think about your goals, values and beliefs. What do you feel are the three most important things you want your friends, family and loved ones to know?
- Think about who you would want to make decisions for you if you could not make them for yourself.

Help for the Final Days

Rex began hospice care in November 2015, and remained under that care until his death in February 2016. Denise was with him when he passed away.

During those final months, CarePartners provided Rex with a number of in-home services, including pain management and regular visits from a hospice nurse, music therapist and home health aide.

“I have so many great things to say about them,” said Denise. “The home health aide was lovely. Rex’s hospice nurse was terrific—he and my husband really clicked. And the music therapist was just amazing.”

Over the course of a few visits, the CarePartners music therapist worked with Denise to write a song that would be from Rex to his grandchildren, using his own words.

“It was so amazing,” remembered Denise. “He was a physicist, not a musician—but she thought he’d like to write a song. And in fact, that was the first time she had done that with a patient. She and the other providers who came into our lives in those final months were shining lights for our family.”

Making the Most of Remaining Time

To ensure a person’s remaining time—whether it be days or months—is as fulfilling as possible, it may be beneficial for some families to enter hospice care before the very final stages of life.

“Entering hospice care early, when you are still in relatively good condition, allows the hospice team to get your symptoms controlled in a way that will make it easier for you to do things that you want,” said Michael D. Parmer, DO, CPE, the medical director of hospice and outpatient palliative care services for CarePartners.

“The ability to complete tasks in your life without the burden of disease-focused treatment—but with the benefit of treatments that improve your comfort—gives you the opportunity to deal with the more important things in the end of life timeframe—things like family time, spiritual needs, relationships that need closure or repair, preparing your family and making your wishes known. That change of focus makes it so that you can wrap up the details and get on with everyday living. It puts you in more control over what the end stage of your life will look like.”

Some of the signs that a person may be ready to consider palliative or hospice care include:

- Chronic illness symptoms that are in rapid decline
- Repeated admissions to the hospital
- Hospital admissions getting closer together
- No significant health improvement between admissions
- Advancing to third- and fourth-choice treatments (because other options aren’t working) that are causing more discomfort than improvement

Any of these signs should prompt a person or his or her family member to have a discussion with a doctor about changing the focus of care from curing to controlling the disease. At some point the approach may extend to simply keeping the patient comfortable, which is the hospice stage.

“Many people believe that entering hospice care is ‘giving up,’” said Dr. Parmer. “When your provider recommends hospice care, it’s usually because they have weighed the benefits of the current plan of care with the burdens and risks associated with that plan. At some point, there may be a better way to spend the time you have left. It may be that pursuing a higher quality of life is better than painfully pursuing a treatment that’s not likely to help.”

Denise is certain hospice was the best course for Rex and their family. “Ultimately, my husband died here at home, and I was with him,” she said. “In the weeks prior to that, he had been surrounded by our kids, grandkids, friends and other relatives. He was the best that he could be until he died. So that was perfect.”

To learn more information about CarePartners Hospice Services call (828) 255-0231.
Patience and Perseverance
Managing young Dalton McFalls’ pain from a mysterious illness
By Jason Schneider

Until he was around seven, 12-year-old Dalton McFalls of Burnsville led a pretty normal life. But one day he said his legs felt numb and cold.

His parents, Ramona and Paul McFalls, took him to the doctor. X-rays showed nothing broken. “It just got worse,” said Ramona. Dalton was referred to a neurologist, and then to Shriners Hospital for Children. “They said it would just spread, they couldn’t do anything to stop it,” she said.

Last October, Dalton had a lengthy stay on the pediatric unit at Mission Children’s Hospital. Following that hospitalization, he came under the care of the Pediatric Advanced Care Team (PACT) at Mission Children’s Hospital and saw Paul Furigay, MD.

“He spent the good part of a month here with us,” said Dr. Furigay. “He was struggling with a chronic condition that we have yet to diagnose. It’s been a consuming condition for him and his family.”

PACT’s goal is to help children and their families cope with their conditions and treatments by helping them make their way through what can seem like a complicated process.

During Dalton’s stay, the team was able to get his pain under control and optimize his nutrition. Dalton went home, and a care manager checked in on him regularly. When the stress of his medication schedule began taking its toll on the family, PACT was able to streamline the doses. Rather than getting medication 8-10 times per day, said Dr. Furigay, “We made it so that he was getting medication three main times a day and then at lunch, and as he needed it. [The family is] sleeping through the night, and he’s got better pain control.”

Dalton has undergone genetic testing, which shows an anomaly that geneticists are studying. His younger brother, Dylan, shares the same anomaly but is so far healthy.

The care manager continues to look in on the family, and stays in touch with Dalton’s primary care provider to ensure referrals and prescriptions are processed as they need to be.

As for dealing with Dalton’s illness, his mother says the family is doing okay. “I quit my job to stay home full-time with him, and my husband works six days a week,” she said.

“When you meet him and his family, there’s nothing you wouldn’t do for these people,” said Dr. Furigay. “Our goal is to get him to the point where he can function and enjoy things. It’s been a pretty tall order. Quality of life for him and quality of life for his family—that’s our perspective.”

Paul Furigay, MD, is a Pediatric Palliative Care Specialist and Director of the Pediatric Advanced Care Team (PACT) for Mission Children’s Hospital.
Mission Children’s Hospital’s Pediatric Intensive Care Unit (PICU) completed renovations in March 2016. “The name of the new PICU is Butterfly Boulevard,” said Erica Dockery, RN, BSN, CPN, Nurse Manager, Mission Children’s Hospital PEDS/PICU. “The reference is symbolic of the metamorphic journey the critically ill or injured patient and family embarks on.”

Renovations include:
- Decentralized nursing stations to promote a quieter patient care environment and afford the staff to be closer to the patient
- In-room sleeper benches to promote 24-hour family presence
- In-room refrigerators
- Private bath in each room
- Child-friendly color scheme, which includes artwork from a local artist
- Staff/family boards in every room to allow the staff to document the plan of care, daily goals and communicate
- Family consult room
- PEDS/PICU lobby to allow a space for loved ones to gather and support one another

If you are a family or patient interested in a PACT consultation, please talk to your doctor about a referral. PACT is made possible in part by generous community support through the Mission Foundation. To learn more about how you can donate to Mission Children’s Hospital, visit missionchildrens.org.
Poor dental care as a child can affect their physical, mental and social health, and it is linked to high-risk issues, such as cardiac disease.

More Than a Smile
“A child’s smile is important to life-long self esteem, and overall well-being,” said Shawn Henderson, a practice manager of Mission Children’s Hospital, including the ToothBus®.

Eight-year-old Logan Ellis is one of hundreds of children helped by the ToothBus each year. The team found about eight cavities on Logan’s first visit, and his teeth were all fixed in one day by Mission Children’s Hospital, said his mom, Lisa Ellis.

“I don’t have a vehicle so it’s hard getting Logan to the dentist,” said Lisa.

Moving Mountains
Brightly painted with smiling animals, the newest ToothBus will travel to 29 schools during school hours, delivering full dental services to uninsured and underinsured children. State-of-the-art technology on the bus includes a machine that quickly takes bite wings and panoramic digital X-rays simultaneously, which provides lower exposure to radiation.

The bus travels rural, mountainous roads to take care of children during the day at their elementary school site so that parents do not have to take time off from work. The primary goal of the ToothBus program is to see patients at least once a year and serve as their primary dental home.

Surgically trained dentists and dental assistants provide care and good oral hygiene education for lasting smiles. Children who need extensive care are treated in the safety of a surgery center under general anesthesia at Mission Hospital and Asheville Surgery Center.

“Our care means a child can finally concentrate in school, because a toothache is no longer an issue,” said Henderson. “Normally, smiles are made better in one visit, and it’s life-changing.”

“They must have done a good job, for Logan to say he enjoyed being on the bus,” said Lisa.

Investing in Our Region’s Children
A significant lead gift by Pisgah Investments Foundation, a local family foundation, made the purchase of a new ToothBus possible. With the initial gift in place, other donors were inspired to take part in a community effort, turning the vision of the brand new 40-foot ToothBus into a reality. “Because we serve every child regardless of their ability to pay, community support is important,” said Leigh Ruhl, Mission Health System Foundation director of philanthropy. “Our community’s generosity is restoring and maintaining healthy smiles of area children.” To invest in our children with a gift to Mission Children’s Hospital, visit missionphilanthropy.org or call the Department of Philanthropy at (828) 213-1020.
Mammography
Your questions answered
By Jennifer Sellers

It can be a challenge to sort through all of the information—and misinformation—on mammograms. To help you better understand this important screening tool, Helen Sandven, MD, medical director of breast imaging at Mission Hospitals, answers some of the most frequently asked questions about mammography.

Q. At what age should a woman start undergoing regular screenings for breast cancer?
A. The most lives are saved when women begin screening at 40 years of age. This is not controversial. Statistics from The National Cancer Institute show that 20 percent of breast cancer deaths can be averted if screening begins at age 40 rather than age 50.

Q. How frequently should a woman have a mammogram?
A. Yearly screening saves the most lives. This is not controversial. Data from 2015 showed a 38.5 percent mortality reduction when patients were screened every other year. However, annual screening led to a 53.4 percent reduction in breast cancer deaths.

Q. Are there any risks associated with mammography?
A. There are features of breast imaging that some patients see as disadvantages:
   - potential stress and cost associated with being called back for additional testing
   - potential pain and cost associated with negative biopsies
   - radiation exposure
   Studies and surveys have found that most women agree that early detection outweighs these risks. The vast majority of women choose to manage their stress and proceed with additional testing rather than risk a cancerous tumor enlarging. In regards to radiation, we work hard to keep radiation amounts as low as possible. The risk of radiation-induced breast cancer in patients who have had 20 or more years of mammograms has been estimated at 1 in 100,000.

Q. What is overdiagnosis?
A. Overdiagnosis is the identification of a disease that would never harm a patient, even if left untreated. This happens as a result of precaution. At present, breast-imaging science doesn’t have a way to differentiate “killer” cancer cells from “quiet” ones. The quiet cancer cells are rare, and the medical community has chosen to treat all cancers as if they were the killer type until we can find a way to tell the difference. There’s little argument that invasive cancers will become the killer type, so supplemental screening for breast cancer has focused on finding invasive disease. Both tomosynthesis (3D mammography) and screening breast ultrasound find additional invasive cancers in women with dense breasts.

Q. Why are dense breasts problematic, and how can this issue be addressed?
A. Women with dense breasts are at a disadvantage on two fronts: 1) they have an increased risk of breast cancer (approximately double the risk) and 2) the density of their breasts makes it harder for breast cancer to be detected during routine mammograms. Recent studies have shown that screening breast ultrasound is more likely to find small, invasive cancers in women with dense breasts than screening with tomosynthesis. However, both methods find more cancers than standard mammography in dense-breasted women.

Helen Sandven, MD, is medical director of breast imaging at Mission Health. (828) 213-9729

To get your mammography questions answered, schedule an appointment with the Mission Breast Center by calling (828) 213-XRAY (9729).
With eyes fluttering to open, she knew something wasn’t right. When Missie Wilmot’s world started spinning in every direction, she felt out of control. “Opening my eyes made it worse,” said Wilmot.

Feeling the Effects
Vertigo is the feeling of spinning or dizziness, and it can be devastating. Brought on by slight movements of the head, vertigo can affect balance, walking and the ability to work. Other symptoms include nausea and vomiting.

“I didn’t have any balance and couldn’t really walk much,” said Wilmot, who took a day off work when the spinning started.

The most common form of vertigo, called benign paroxysmal positional vertigo (BPPV), occurs when one or more of the tiny crystals in the inner ear—known as otoconia—become dislodged.

Getting to the Source
“Some patients remember a big sneeze or sudden head motion before their symptoms began,” said Grant Pierron, physical therapist at Transylvania Regional Hospital Rehabilitation Services. “Treatment starts after a thorough history and evaluation to confirm the root cause. Vertigo can be associated with head or neck injury, stroke, diabetes or inner ear damage due to infection.

“One once I confirm the ear crystals are out of place, it’s a fairly easy fix,” said Pierron, who gained additional training to identify and treat patients with this type of vertigo.

Going through the Motions
Pierron takes patients through a series of specific head motions or maneuvers to reposition the crystals within the inner ear to relieve their symptoms. Often, patients are better after just one treatment, said Pierron.

“I’ve never had another episode,” said Wilmot, who has been symptom-free for more than a year now.

Physical therapists such as Grant Pierron are integral to our patients’ healing and recovery. Join us as we celebrate all Mission Health’s physical therapists during National Physical Therapy Month this October.

Consider Physical Therapy to Treat
- Weakness and balance issues
- Gait issues
- Neck and back pain
- Muscle injuries
- Joint injuries and replacements
- Stroke
- Postsurgical rehabilitation
- Lymphedema

For more information about the physical therapy services provided through Transylvania Regional Hospital Rehabilitation Services, call (828) 883-4967.

Grant Pierron is a physical therapist at Transylvania Regional Hospital Rehabilitation Services, an affiliate of Mission Health. (828) 883-4967
Knowledge Is Power
Know the facts about gynecological cancer
By Deanna L. Thompson

September is National Gynecologic Cancer Awareness Month, a good time to increase your knowledge about the three main types of cancer that can develop in a woman’s reproductive organs: endometrial, ovarian and cervical.

In general, your best strategy for preventing these cancers is to make healthy lifestyle choices, know your family medical history, be aware of and let your doctor know about changes in your body and schedule regular checkups with your OB/GYN, said Julie Farrow, MD, an OB/GYN at Mission Primary Care–Highlands. “Find a provider you are comfortable talking to who understands your risk factors,” Dr. Farrow said. “And follow your doctor’s recommendations.”

Source for 2012 statistics: Centers for Disease Control and Prevention

Cervical cancer

12,042 — Number of U.S. women diagnosed with cervical cancer in 2012

Incidence has decreased 50 percent in the last 30 years, thanks mainly to Pap smear screening, which detects cell changes before they become cancer

Common symptoms:
- Abnormal vaginal bleeding or discharge

Prevention/detection tips:
- Avoid early intercourse and limit number of sexual partners
- Don’t smoke
- Follow recommended schedule for Pap smears beginning at age 21
- Vaccinate boys and girls beginning at age 11 or 12 against the human papillomavirus (HPV), the cause of most cervical cancer

Ovarian cancer

20,785 — Number of U.S. women diagnosed with ovarian cancer in 2012

Usually diagnosed after menopause, at a mean age of 58

Common symptoms:
- Bloating
- Pelvic or abdominal pain
- Back pain or pain down the legs
- Change in bowel or bladder habits
- Increasing abdominal girth without change in weight

Prevention/detection tips:
- There is no known preventative, but a CA125 screening blood test and a transvaginal ultrasound are recommended every six months for high-risk women

Endometrial (uterine) cancer

49,154 — Number of U.S. women diagnosed with endometrial cancer in 2012

Usually diagnosed after menopause, at a mean age of 63

Common symptoms:
- Abnormal vaginal bleeding
- Pelvic pain or pressure

Prevention/detection tips:
- Maintain a healthy weight
- Promptly seek help for abnormal bleeding

Need to connect with an OB/GYN? Visit mission-health.org/providerdirectory to find a practice and a provider near you.
The human body is incredibly resourceful. It’s quick to rebuild or repurpose to start healing. With scientific advances, the results can be even better.

Dean Reid, who spent a total of 57 days at both Mission Hospital and Asheville Specialty Hospital, would need every bit of resilience his body could muster.

Once doctors at Mission Hospital saw the painful sore on Reid’s stomach, they knew it was caused by flesh-eating bacteria. Whisked into emergency surgery, Reid awoke days later to find doctors had removed the infection, leaving a large wound on his stomach and back. A skin graft from his thighs helped begin his healing.

But when another skin graft was suggested, Reid wanted options, “Between the wound and painful graft sites on my legs, I didn’t think I could handle it,” said Reid.

Right Place, Right Time
A new option existed but had never been used on a wound this size before. The new graft is called DermaPure®, “What’s left behind is the skin’s natural framework, giving new skin a jump start,” said Katherine Mastriani, MD, a trauma surgeon at Mission Hospital and Asheville Specialty Hospital.

The protective band-aid-size strips are painlessly placed on the wound and don’t require surgery, both bonuses for Reid. In a rare turn, Reid is the recipient of a split thickness graft—his own skin graft on his stomach and DermaPure on his back. “If I had it to do over again, I’d choose DermaPure over my own skin,” said Reid.

Now we have more options for our patients who are not candidates for skin grafts or who want an alternative, said Dr. Mastriani.

“If I could not have asked for any better care, and if I can help one person by sharing my experience, it will all be worth it,” said Reid.
Streamlined Health
The Mission Chronic Care Management Program offers a team approach
By Charlotte Brown-Zalewa

For Shirley Deters, watching her grandchildren grow up and making an annual trip to Florida for the holidays brought her joy. But Shirley had a number of chronic medical conditions that were not only preventing her from traveling and resulted in overnight stays at the hospital during the winter months, but also resulted in a significant number of annual visits with medical specialists.

Karen Boettcher, Shirley’s daughter and her primary caregiver, was completely devoted to ensuring her mother received the excellent care she needed, though the time and volume of medical attention alone to help care for her mother began affecting Karen’s own health. For Karen, she was a half-step away from considering additional medical facility resources for her mother to help alleviate some of the caretaking responsibility so that she could also take care of her own family. That was until Shirley and Karen learned of the new Mission Chronic Care Management Program offered through Shirley’s primary care practice, Mission My Care Plus Leicester.

“Shirley was unique in that she had so many medical conditions to manage, and her daughter truly needed a resource to be able to avoid putting her mother in a nursing home,” said Karen LeHew, MD, family medicine physician with Mission My Care Plus Leicester. “The program provides a different way of building a relationship with the patient and helps to bridge the gap for the primary caregiver by streamlining the coordination of care, such as condensing visits to various specialists. My hope and goal was to ultimately keep people out of the hospital and, so far, we’ve significantly reduced that number.”

The Mission Chronic Care Management Program uses a team approach within the primary care practice to help meet the patient’s own healthcare goals as well as help with the coordination of care, which may also include transportation to doctor’s appointments and aid with the delivery of medications. The Chronic Care Management Program team of clinicians also provides routine phone calls throughout the course of treatment.

With the compassion of Dr. LeHew and the Chronic Care Management Program team at Mission My Care Plus Leicester, Shirley has met many of her health goals including condensing her specialist appointments to annual visits only and staying out of the hospital during the winter months. Now, Shirley has the ability to travel to Florida during the holidays.
A pinched nerve often strikes out of the blue. It happens when too much pressure is applied to a nerve by surrounding bone or soft tissue, causing pain, numbness, tingling or weakness.

“The feeling of a pinched nerve is described by my patients in many different ways, from fire ants to a sharp, stabbing pain. I’ve heard a variety of descriptions,” said Marshall Ney, DPT, MD, physiatrist, Carolina Spine and Neurosurgery Center and Mission Spine Center. “When a nerve is pinched in your neck, you may feel pain or weakness in your arm. Likewise, if the nerve is pinched in your lower back, you may feel pain and/or weakness in your leg.”

Why It Happens
“As the nerves travel down and eventually exit your spinal column, there are several places and reasons why you might get a pinched nerve,” said Dr. Ney. “Some reasons are normal arthritic changes, a disc herniation or because of some trauma.”

Sciatica can be a little misleading as it is not actually the sciatic nerve being pinched. In most cases the nerve is pinched prior to the formation of the sciatic nerve. Suffice to say the sciatic nerve is affected indirectly and this may cause pain to radiate down a portion of your leg. Typically, only one side of the body is affected. This can cause weakness, pain and numbness in the affected leg.

With carpal tunnel syndrome, the median nerve that runs from the forearm into the palm of the hand becomes pressed or squeezed at the wrist, causing pain and numbness in your thumb, index, middle and half of your ring finger. Many persons may complain of wrist pain, their hands going numb at night or of dropping objects.

“For most patients, unfortunately there is no way to reliably prevent a pinched nerve,” said Dr. Ney. “A good diet, maintaining core strength, losing weight and exercising frequently are useful prevention tools.”

Dr. Ney also recommends using proper body mechanics when lifting anything heavy (for example, lifting with the legs, not the back).

What Is Physiatry?
Physiatry is also known as Physical Medicine and Rehabilitation. Some physiatrists work in rehabilitation hospitals, focusing on rehabbing patients with spinal cord injuries, traumatic brain injuries and stroke. Others work in the outpatient setting, focusing on anything from musculoskeletal injuries to pediatric patients with cerebral palsy. “It is a specialty with a focus on the person as a whole,” said Dr. Ney. “Our goal will always be to help a patient regain independence.”

When to Call a Doctor
If you suspect you have a pinched nerve, should you call a doctor? Dr. Ney said it all depends on the severity of your pain, if you are having weakness or if you have experienced this before.

“If you are experiencing only back pain, this is not likely due to a pinched nerve,” he said. “For most people, back pain will resolve on its own without intervention.”

Call your doctor if you experience extreme pain and weakness into an extremity, said Dr. Ney. “If this occurs with bowel and bladder incontinence, you should go to the emergency department.”

With treatments such as medications, physical therapy and injections, most patients can recover from a pinched nerve within a few days or weeks. Some patients may require surgery to relieve debilitating pain.

“Treatment is typically dictated by the severity of the pinched nerve and the pain or weakness it is causing,” said Dr. Ney.
Choosing an Exercise Partner

Working out with the right person can increase your chances of meeting your fitness goals

By Sadie Simpson

Besides being more fun, exercising with someone else offers the opportunity to spend time with a friend or loved one while doing something healthy.

It is essential to choose an exercise partner who has similar interests and goals. Setting clear boundaries regarding accountability, motivation and expectations with your exercise partner helps ensure benefits for both parties. Consider using the SAME principle when choosing a workout buddy:

**Similar goals and interests** — A great exercise partner has similar fitness and wellness goals. For example, if your goal is to complete a 5K, choose an exercise partner who also shares this goal.

**Accountability** — Choose someone who will hold you accountable. Your ideal exercise partner is someone who is okay with calling you out in a kind and motivating manner when you miss a workout.

**Motivation** — Finding a motivated workout partner is essential. Seek a workout partner who is fully committed to achieving his or her goals.

**Expectations** — When choosing an exercise partner, set clear expectations from the beginning. How often will you meet? What types of workouts will you do?

Mission Health’s MyHealthyLife WellConnect and the YMCA work in partnership to bring to our region accessible, convenient access to fitness, health coaching and so much more. For exercise ideas for you and your partner, visit mission-health.org/mhl and ymcawnc.org.

Sadie Simpson is the Healthy Living Director at the Corpening Memorial YMCA.

mission-health.org
New Physicians

Please join us in welcoming them to our community.

Steven Berman, MD, FACS, joins Mission Community Surgical Specialists & Wound Care. Dr. Berman comes to Spruce Pine from Allentown, Pennsylvania, and is a graduate of Tufts University of Medicine in Boston, Massachusetts. He finished his general surgery residency at the Graduate Hospital in Philadelphia, Pennsylvania, and is board certified in general surgery with the American Board of Surgery.

The physicians with Mission Community Surgical Specialists & Wound Care see patients needing general surgical services at Blue Ridge Regional Hospital and McDowell Hospital. The office numbers are (828) 766-3555 and (828) 659-5700, respectively.

Richard S. Ellin, MD, joins Mission Medical Associates and Mission Community Primary Care – Highlands, a service provided by Highlands-Cashiers Hospital. Dr. Ellin worked as an internal medicine physician with the Southeast Permanente Medical Group, Inc., in Alpharetta, Georgia, for more than 30 years. He is a graduate of Emory University School of Medicine in Atlanta and is board certified in internal medicine.

Dr. Ellin sees patients from the Mission Community Primary Care – Highlands office located in the Jane Woodruff Clinic on the Highlands-Cashiers Hospital campus at 209 Hospital Drive. The office number is (828) 526-4346.

Marco Chavarria-Aguilar, MD, joins Pisgah Surgical Associates. Dr. Chavarria-Aguilar most recently served as attending surgeon with Maury Regional Medical Center in Columbia, Tennessee, for six years. Dr. Chavarria-Aguilar is a graduate of the University of Mercer School of Medicine in Macon, Georgia. He finished his general surgery residency at the University of Tennessee College of Medicine in Chattanooga and is board certified in general surgery with the American Board of Surgery.

The physicians with Pisgah Surgical Associates see patients needing general surgical services at Transylvania Regional Hospital. The office number is (828) 862-6368.

Julie Daniel, DO, joins Asheville Hospitalist Group of Mission Medical Associates, a Mission Health practice, our employed practice dedicated to caring for patients admitted to the hospital. Dr. Daniel is a graduate of Philadelphia College of Osteopathic Medicine in Pennsylvania. Dr. Daniel recently completed her internal medicine residency training with the University of South Carolina School of Medicine in Greenville.

The physicians with Asheville Hospitalist Group of Mission Medical Associates manage the care of patients admitted to Mission Hospital at 509 Biltmore Ave.

Brent E. Fisher, MD, joins Asheville Orthopaedic Associates, an affiliate of Mission Health. Dr. Fisher most recently worked as an urgent care physician with Greenville Health System’s MD360 in Greenville, South Carolina, for two years. While at Greenville Health System, Dr. Fisher was also involved with the Steadman Hawkins Primary Care Sports Medicine fellowship program, presenting lectures as well as covering local sporting events including the USA Cycling National Championships. Dr. Fisher is a graduate of the University of Louisville School of Medicine and completed his family medicine residency training with Spartanburg Regional Healthcare System in South Carolina. He subsequently completed his primary care sports medicine fellowship with the University of North Carolina School of Medicine in Chapel Hill. Dr. Fisher is board certified in family medicine with a certificate of added qualification in sports medicine.

Dr. Fisher sees patients from the Asheville Orthopaedic Associates office located in the Mission Health Biltmore Park medical office building at 310 Long Shoals Road, Suite 200, in Arden. They welcome sports medicine patients on a walk-in basis Monday through Friday from 8 a.m. to 4:30 p.m., as well as see patients at their Concussion Clinic on Friday afternoons. The phone number to schedule an appointment is (828) 782-9330.
Steven Julius, MD, joins Mission Children’s Hospital Pediatric Pulmonology. Dr. Julius graduated from George Washington School of Medicine in Washington, DC, is board certified in pediatric pulmonology and completed a fellowship at the University of Florida College of Medicine. Most recently, he has been the clinical attending physician at Kaiser Permanente in Roseville, California. Dr. Julius’ scope of practice includes diagnosis and treatment of a full spectrum of pediatric pulmonary diseases both outpatient and inpatient. He has also served as a full-time clinical attending physician for 11 years at Georgia Pediatric Pulmonology Associates in Atlanta, the largest private pediatric pulmonology practice in the country.

Dr. Julius sees patients from Reuter Outpatient Center located at 11 Vanderbilt Park Drive in Asheville. The office number is (828) 213-1740.

Marina MacNamara, MD, MPH, joins Mission Community Primary Care – Haywood. Dr. MacNamara is a graduate of Albert Medical School at Brown University in Providence, Rhode Island. She recently completed her family medicine residency with Mountain Area Health Education Center (MAHEC) in Asheville, North Carolina. Dr. MacNamara is board certified in family medicine.

Dr. MacNamara sees patients at Mission Community Primary Care – Haywood, located inside the Mission Health Center – Haywood medical office building at 360 Hospital Drive in Clyde, North Carolina. The office number is (828) 456-9006.

Ashley McClary, MD, joins McDowell Pediatrics. Dr. McClary graduated from the University of Virginia followed by Tulane University School of Medicine in New Orleans, Louisiana. Most recently, she has completed a residency in pediatrics at Lucile Packard Children’s Hospital at Stanford University in Palo Alto, California. Dr. McClary served as the Lead Physician Advocate for School Readiness at Fair Oaks Clinic in California and is also the founder, owner and contributor of ThePediatrician.org.

Dr. McClary sees patients from McDowell Pediatrics located at 387 US 70 West in Marion. The office number is (828) 652-6386.

David F. Pope, MD, joins Asheville Orthopaedic Associates, an affiliate of Mission Health. Dr. Pope most recently worked as an orthopaedic surgeon in private practice for 20 years in Alexandria, Louisiana. He is a graduate of the Medical College of Georgia in Augusta and completed fellowships in Orthopaedic Biomechanics and Sports Medicine from the University of Iowa in Iowa City and University of Rochester in New York, respectively. He is board certified in orthopaedic surgery. Dr. Pope specializes in sports medicine, advanced arthroscopy of the knee and shoulder, and knee replacement surgery.

Dr. Pope serves as an orthopaedic specialist for Spruce Pine, Burnsville and surrounding communities and sees patients from the Mission Community Orthopedics & Sports Medicine office located in the Mission Health Mauzy-Phillips Center at Blue Ridge Regional Hospital at 189 Hospital Drive in Spruce Pine. The phone number to schedule an appointment is (828) 766-3555.

W. Kent Williamson, MD, joins Carolina Vascular, an affiliate of Mission Health. Dr. Williamson most recently served as the chief with the Division of Surgery at Providence at St. Vincent Medical Center in Portland, Oregon. Born in Asheville, Dr. Williamson is a graduate of Bowman Gray School of Medicine in Winston-Salem, North Carolina.

Dr. Williamson sees patients from the Carolina Vascular office located at 222 Asheland Avenue in Asheville. The office number is (828) 213-9090.
My Angel
Cancer patient focuses on healing with help from Patient Prearrival

By Jan Waters

Jim, my husband of 36 years, is an inspiration. A retired furniture maker, he enjoys fly fishing and hiking the beautiful Blue Ridge Mountains. We have a wonderful family centered life. September 2015, Jim was experiencing high blood sugars and had lost 50 pounds rapidly. He was diagnosed with Type 1 diabetes, and had escalating abdominal pain. April 2016, a CT scan revealed pancreatic cancer. We had found nirvana in our little cabin in Black Mountain, and now our whole world crumbled.

Pancreatic cancer is painful. Treatment is lengthy and the prognosis is daunting. We treat each day as a gift. Father’s Day weekend, our children joined us for an Asheville ‘Tourists’ game and gathering at our cabin. We try to find love, light and laughter as we battle this devastating diagnosis. We’re honoring Jim as he heals.

We’re very pleased with Cancer Care of WNC with Dr. Palmeri and his team, grateful for Dr. Dagli, and thankful that we’re in the Mission system.

Mary Gasaway of Mission's Patient Prearrival service has been an angel sent to us. She explained that all of our Mission bills go through her department. She helps us keep track of what is covered by insurance and what we owe. We are so overwhelmed with navigating the journey and Mary understands. She’s so easy to talk to, it’s like a friend calling. She explained the discounts in fees if we make one payment. Knowing we have help with the financial part of the journey gives us comfort.

Mary tells me “Jim’s job is to heal.” She is my angel!

Patient Prearrival helps you and your family focus more fully on health and healing. Prior to your appointment with a Mission healthcare provider, you may receive a confidential telephone call from a Patient Prearrival specialist to ensure that your information is current and help you navigate the details of your health coverage, bills and payment options. For more information about Patient Prearrival services, call (828) 651-4444.

Have a great Mission Health story to tell? Email us at MyHealthyLifemagazine@msj.org.
FINDING THE
perfect fit

Elevate your career at Mission Health
mission-health.org/WorkWithMission
We heart local

Marion Mayor Steve Little woke feeling like a fifty-pound weight was on his chest. He also experienced a severe heartburn-like sensation. A visit to McDowell Hospital emergency department quickly led to a diagnosis of coronary artery blockage.

Steve was impressed by the efficiency and clockwork coordination of the hospital staff as they readied him for transport to Mission Heart in Asheville. The local team assured him that there was no location better prepared to address his dire circumstance.

McDowell County EMS provided superb care en route to the Heart Tower, following advanced protocols developed in conjunction with the professionals at Mission Heart. Dr. William Abernethy performed Steve’s cardiac catheterization, which revealed a 99 percent blockage of the right coronary artery. Two stents were deployed to open Steve’s artery.

“Within minutes I felt great! It was uncanny,” said Steve.

Whether you’re trying to be well, get well or stay well, Mission Health offers you and your family access to the best people, resources and technology to help achieve and exceed your personal goals.

To hear more personal stories like Steve’s, visit: mission-health.org/SteveLittleMHL.