Farmers Market and Diabetes Tips

Knee, Hip, Shoulder Pain
Should You See an Orthopedist?

Cyberknife Technology for Prostate Cancer

Spring Forward to good health

Plus
Women's cancer physical therapy
4 genetics tests explained
Try a bike-fitting session
Mission Specialty Pharmacy
NEW YEAR. NEW YOU.

“Before my surgery, I was 250 pounds. Now I’m 160, and it has made a difference in almost every aspect of my life. If you’re going to do this, and you’re thinking you’re going to be alone in it, that’s not what’s going to happen. The great people in Mission’s Weight Management Center reach out to me in marvelous ways. They’re really knowledgeable, and they really care.”

- Bobby Somerville,
Mission Weight Management Patient

Register for a free information session at missionweight.org or (828) 213-4100.
Spring 2018

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Spring forward to a healthier life

Whether your New Year’s resolutions are still going strong, or it’s time for a reboot, spring is the perfect time to put extra emphasis on healthy living. Start with a trip to the farmers market. On page 11, you’ll find tips on selecting fresh, local produce for a diabetes-sensitive diet.

While you’re at the market, don’t forget that asparagus is in season. On page 9, you’ll find a delicious recipe featuring this spring favorite. If you’re looking for other tips on preparing meals with fresh fruits and vegetables, don’t miss our article on healthy cooking with oils, which can be found on page 10.

Next up, focus on getting outside and enjoying the beautiful western North Carolina spring. On page 27, we share safety tips for outdoor activities. If you’re concerned joint pain will slow down your spring recreation, be sure to review our guide on when to visit an orthopedist, which can be found on page 26.

Also read about all of the resources available to you and your family through Mission Health. In this issue, we’re showcasing many of our state-of-the-art technologies, procedures and facilities, including the ECMO program, page 6, Cyberknife technology, page 14, the new Mission Hospital McDowell, page 16, and genetic tests available through Mission Fullerton Genetics Laboratory, page 25.

There’s plenty more to be found in the following pages. As with every issue of My Healthy Life, you’re going to find plenty of inspirational survival stories, practical health tips and information on Mission’s many resources to help you be well, get well and stay well.
Mother’s Day is a celebration of all that moms do for their kids. Breastfeeding is probably the most important thing they can do for their babies. Making sure infants have the nutrients they need to grow healthy and strong is the goal of Mission Children’s Hospital’s Pediatric Infant/Nutrition (PIN) Room.

“It is extremely important to have an area that is thoroughly sanitized when mixing formula and fortifiers for such a high-risk population,” said Katie Worley, PIN Room coordinator. “The PIN Room staff is highly trained in the preparation and storage of infant feedings.”

The PIN Room of the neonatal intensive care unit (NICU) was started about eight years ago to meet the nutrition needs of premature infants. “Premature infants have higher protein, energy and certain micronutrient requirements than a term infant,” said Suzanne Suprenant, MD, Neonatology, Mission Children’s Hospital. “We take birthweight and gestational age into account when determining what formula or breastmilk fortifier to use.”

These special formulas and fortifications continue to be given to the infant until he or she leaves the NICU, and could be continued up to one year of age if needed, said Dr. Suprenant.

Infants weighing 2 pounds, 2 ounces or less are at highest risk for intestinal complications. “We provide an exclusive human milk diet to these infants,” said Dr. Suprenant. “This means that they receive mom’s milk or donor milk fortified with a human milk-based fortifier, rather than introducing cow-milk proteins from other types of fortifiers. We were the first NICU in the state to be able to offer this.”

Donor milk for the PIN Room comes from WakeMed Mothers’ Milk Bank in Raleigh and Mothers’ Milk Bank Austin.

The PIN Room’s four-person staff operates seven days a week, every day of the year. “We work eight-hour shifts to provide a 24-hour supply of product,” said Worley.

Donating Breast Milk

Although there isn’t a milk bank in Asheville, you can donate in Raleigh at WakeMed Mothers’ Milk Bank. Call (919) 350-8599 for a telephone screening and to schedule lab work. For more information on becoming a donor, visit WakeMed Mothers’ Milk bank at wakemed.org/mothers-milk-bank or Mothers’ Milk Bank Austin at milkbank.org.
Ask the Doctor

Ellen Hearty, MD, of Mission Women’s Care, answers some questions about pregnancy, cancer screenings for women and pelvic pain.
To learn more about Mission Women’s Care, visit mission-health.org/womens. To schedule an appointment with Dr. Hearty, call (828) 659-3621.

Any time a woman is planning a pregnancy, she should make an appointment with her primary care provider or OB/GYN for a preconception visit. The goal of this visit is to make sure she’s entering pregnancy in an optimal state of health. During this visit, the provider will review her medical history and identify any medical problems. The goal is to make sure that medical problems such as high blood pressure and diabetes are well controlled prior to conception. It also allows for the opportunity to make sure that any medications she’s using are safe in pregnancy. If necessary, the provider can also perform a Pap smear or administer any vaccinations to make sure her preventative care is up to date. A preconception appointment also provides the opportunity to educate regarding the importance of healthy diet and exercise habits as well as to screen for tobacco, alcohol and drug use, and encourage cessation. Finally, if she has not yet started a prenatal vitamin with folic acid, the provider can prescribe one to reduce the risk of birth defects.

Cancer screening is an essential component of preventative health. Starting at age 21, women should see their primary care provider or OB/GYN to start getting Pap smears. The interval between Pap smears varies, depending on the patient’s age and prior Pap results. It could range from every year to every five years.

Mammogram screening for breast cancer has become more complicated because different national societies provide different recommendations. For example, some groups recommend mammograms starting at age 40, while others suggest waiting until age 50. The best way to approach this is for patients to make an appointment with their primary care provider or OB/GYN to evaluate their risk factors, focusing on family history, to help women decide the best screening protocol for herself.

Colon cancer screening should start for all people at age 50. Depending on the colonoscopy results, the procedure may need to be repeated every one to 10 years. Initial screening could be recommended earlier depending on medical and family history.

There are many contraceptive choices available to women. The goal is to find a safe option that will be effective for pregnancy prevention that also lacks bothersome side effects. Sometimes, the side effects of the contraceptive can even be beneficial. For example, some contraceptive pills improve acne, so it may be able to clear the patient’s skin while also preventing pregnancy. Many contraceptive options improve symptoms associated with menstrual cycles, so it decreases pain and bleeding while providing pregnancy prevention. The goal is to match the most effective and safest method of contraception with the woman’s preferences.

This is often a complex issue in women. Pelvic pain has many underlying causes, including infectious, hormonal, structural, muscular and psychological causes. Sometimes pain can be acute, chronic or cyclical (related to the menstrual cycle). It can be related to a history of abuse or trauma from birth. It can affect women at any age. The provider’s goal is to make the correct diagnosis and provide the appropriate treatment. The challenge is that there can often be more than one issue contributing to the pain. Sometimes patients require multiple different treatments, including medications, counseling, physical therapy or surgery. It can often require care from multiple types of doctors, including OB/GYNs, primary care physicians, physical therapists or psychiatrists. Because of its complexity, it can often take more time to improve the patient’s symptoms.

What is preconception care?

What method of contraception is best?

What are some of the causes of pelvic pain in women?

How important are cancer screenings for women?
Stott was placed in a medically induced coma and put on the ECMO machine for five days until her lungs could recover, making her the hospital’s first patient to receive the treatment. The process was a success, as Stott is here to testify: “I’m thankful for it. If not for the machine, I wouldn’t be here to say that.”

There are others who can now say the same—patients who, like Stott, would not be here if not for the technology and the around-the-clock care of the ECMO team at Mission. Ami Torrey, RN, lead nurse of the ECMO program at Mission Health, remains in close contact with the patients and families who have benefited from the machine, and said that each of them...
shares two things in common: they all have amazing stories of coming back from the brink of death, and they’re all eager to tell their stories to anyone who will listen.

**Buying Time**

Essentially, an ECMO machine does the work of a patient’s heart and lungs. “The two key components of the ECMO circuit are a blood pump and an oxygenator,” explained Daniel Mulloy, MD, a cardiothoracic surgeon at Asheville Heart, an affiliate of Mission Health. “The blood pump essentially replaces the work of the patient’s heart, and the oxygenator replaces the work of the patient’s lungs by delivering oxygen and removing CO2.”

Torrey describes the technology as one that creates a temporary artificial heart and lung. She said cannula (tubes) are placed into the patient’s neck, chest or groin to draw out and circulate blood. “The blood, once pulled from the body, is pumped through the oxygenator where carbon dioxide is removed and oxygen is added,” she said. “The oxygenated blood is warmed or cooled and returned back to the body through another cannula.”

Torrey said patients require such life-sustaining support when they have the following functioning problems in their heart or lungs:

- Lungs cannot provide enough oxygen to the body, even when given extra oxygen
- Lungs cannot get rid of carbon dioxide, even with help from mechanical ventilation
- Heart cannot pump enough blood to vital organs like the brain, heart, kidney and liver
- Heart and/or lung disease cannot be cured and the patient is deemed eligible for organ transplant, requiring them to be supported until a new heart and/or lung is available.

A patient can experience these conditions due to any number of reasons, including pneumonia or flu, lung injury, acute respiratory distress, myocardial infarction, heart failure or arrhythmias, surgery complications or aspiration, like Stott experienced.

The benefits of ECMO for these patients are profound. “It provides adequate blood flow for their brain and other organs to continue to function,” said Dr. Mulloy. “It also allows the patient’s heart to rest while on the machine. Depending on the cause of heart failure, the ECMO can be used until the patient’s own heart has recovered and improved, or it can buy time until a more permanent blood pump can be implanted into the patient’s chest.”

ECMO does not come without risks. Clotting, bleeding, risk of stroke, potential failure of other organs, infections, limb complications, need for blood transfusion and inability to wean off the support are all potential dangers of being on the machine. But in almost every case in which the technology is recommended, the patient has nothing left to lose.

“ECMO is an end-stage, lifesaving technique used for people who would not survive without it,” said Dr. Mulloy. “Patients on ECMO are the sickest patients in the hospital and would have a near 100 percent mortality rate otherwise. Therefore, it is a very useful tool that allows cardiothoracic surgeons to save lives of patients who would otherwise die with more conventional methods of cardiac and respiratory support. Fortunately, we’ve had very good outcomes here at Mission, with about 70 percent of patients placed on ECMO surviving.”

Torrey points out that the technology is only a stand-in until real healing can take place. “ECMO therapy has helped save patients’ lives at Mission,” she said. “However, it doesn’t treat the patient’s disease or injury; it only provides support and valuable time to heal. It’s Mission Health’s exceptional multidisciplinary team that works together to treat the underlying disease or injury that heals these patients.”

**A Lifesaver for WNC Patients**

The technology behind ECMO has been in use for more than 50 years in the form of heart-lung bypass machines that are used in operating rooms during open-heart surgery. The ECMO machine is a miniaturized, portable version that can be brought to a patient’s bedside to support them for a longer period, extending to several days, weeks or months.

This convenience has only become available to Mission patients in the past two years, and it is currently the only system available to patients in western North Carolina. “Our program strives to have processes, procedures and systems in place that promote excellence and exceptional lifesaving care for patients in our region,” said Torrey.

Naturally, Stott doesn’t remember anything from her time on the machine. But her survival is a testament to its effectiveness. In addition, reports from her family and her experience with follow-up care made her grateful she was at Mission to undergo the treatment. So grateful, she brought in German chocolate cakes for the ECMO staff this past Christmas.

“I cannot praise the hospital enough,” Stott said. “The doctors and nurses all took such great care of me and were with me around the clock. I’m not just thankful for the machine, but all the people who knew how to work it and made sure I was doing okay.”

As for what it was like to be Mission’s first ECMO patient, Stott said: “I feel like a celebrity, but they’re the ones who should get the attention.”

For more information about Mission Heart, call (828) 274-6000 or visit [mission-health.org/heart](http://mission-health.org/heart).

Ami Torrey, RN, is lead nurse of the ECMO program at Mission Health.

Daniel Mulloy, MD, is a cardiothoracic surgeon at Asheville Heart, an affiliate of Mission Health. (828) 258-1121
Turkey Club Burger

ingredients
For turkey burger:
12 oz
½ cup
¼ tsp
1
1 Tbsp
For spread:
2 Tbsp
1 Tbsp
For toppings:
4 oz
4 oz
4
99 percent fat-free ground turkey
scallions (green onions), rinsed and sliced
ground black pepper
large egg
olive oil
light mayonnaise
Dijon mustard
spinach or arugula, rinsed and dried
portabella mushroom, rinsed, grilled or broiled, and sliced
whole-wheat hamburger buns

preparation
Preheat oven broiler on high temperature (with the rack 3 inches from heat source) or grill on medium-high heat. To prepare burger, combine ground turkey, scallions, pepper and egg, and mix well. Form into ½- to ¾-inch thick patties, and coat each lightly with olive oil. Broil or grill burgers for about 7-9 minutes on each side (to a minimum internal temperature of 160 degrees F).

Combine mayonnaise and mustard to make a spread. Assemble ¼ Tbsp spread, 1 ounce spinach or arugula, several slices of grilled portabella mushroom (optional), and one burger on each bun.

4 servings

Nutrition information (per burger): 299 calories; 11 g total fat; 2 g saturated fat; 89 mg cholesterol; 393 mg sodium; 29 g protein; 26 g carbohydrates; 5 g fiber
Asparagus with Lemon Sauce

**ingredients**

- 20 medium asparagus spears, rinsed and trimmed
- 1 fresh lemon, rinsed (for peel and juice)
- 2 Tbsp reduced-fat mayonnaise
- 1 Tbsp dried parsley
- 1/8 tsp ground black pepper
- 1/16 tsp salt

**preparation**

Place 1 inch of water in a 4-quart pot with a lid. Place a steamer basket inside the pot, and add asparagus. Cover and bring to a boil over high heat. Reduce heat to medium. Cook for 5-10 minutes, until asparagus is easily pierced with a sharp knife. Do not overcook.

While the asparagus cooks, grate the lemon zest into a small bowl. Cut the lemon in half and squeeze the juice into the bowl. Use the back of a spoon to press out extra juice and remove pits. Add mayonnaise, parsley, pepper and salt. Stir well. Set aside.

When the asparagus is tender, remove the pot from the heat. Place asparagus spears in a serving bowl. Drizzle the lemon sauce evenly over the asparagus (about 1.5 tsp per portion) and serve.

*Alternate option: Roast the asparagus at 400 degrees F for 10-12 minutes (rather than steaming) for a different flavor and texture.*

**4 servings**

Nutrition information: 39 calories; 0 g total fat; 0 mg cholesterol; 107 mg sodium; 2 g protein; 7 g carbohydrates; 2 g fiber

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Quinoa, Black Bean and Mango Salad

**ingredients**

- 1 cup cooked quinoa (can buy frozen)
- 1 cup canned black beans, rinsed and drained
- 1 sweet red bell pepper, finely chopped
- ½ red onion, finely chopped
- 1 mango, chopped
- 2-3 Tbsp fresh cilantro, chopped
- 1 jalapeño pepper, chopped
- 2 Tbsp toasted pepitas (pumpkin seeds) (optional)

**For dressing:**

- 2 tsp olive oil
- 3 Tbsp lime juice
- 1/8 tsp ground cumin
- 1/4 tsp chili powder
- 1/4 tsp salt

**preparation**

Whisk the ingredients for the dressing together. Mix all of the ingredients for the salad together; pour the dressing over the mixture and stir to combine. Keep in fridge until time to serve.

**4 servings**

Nutrition information (per serving): 182 calories; 3.7 g fat; 0 mg cholesterol; 388 mg sodium; 35.5 g carbohydrates; 5.9 g dietary fiber; 6.3 g protein
Healthy Cooking with Oil

Try these tips to reduce calories

By Rachel Wyman, RD

Canola, coconut, corn, olive, almond, sesame, safflower, peanut. What are the healthiest cooking oils? The answer may surprise you — none. But, with some simple adjustments, cooking with oil can be healthier.

Liquid oil is 100 percent fat. It's a calorie-dense nutrient, meaning it packs a lot of calories into a small portion. There are 120 calories in just one tablespoon of oil. For the same calories, you could eat five cups of raw vegetables, two cups of fruit or one cup of low-fat dairy. These nutrient-dense foods provide fiber, protein, vitamins and minerals.

Be Oil Smart
If you want to cook with oil, here are a few important considerations. First, measure, don’t pour. Challenge yourself to use half the amount you usually use.

Make sure your oil is fresh. Oils can oxidize over time and form free radicals, which are chemicals that have the potential to damage cells. Oxidized fatty acids have been shown to speed up atherosclerosis, which is hardening and narrowing of the arteries.

Store oil in a dark-colored bottle, in a cool, dark place.

Be mindful of smoke point. When oils are heated, they can start to smoke at varying temperatures, forming toxic fumes and free radicals:
- Avocado or sunflower oil — high smoke point — use for stir frying
- Grapeseed oil — medium-high smoke point — use for higher heat baking and stir frying
- Walnut and extra virgin olive oil — medium smoke point — use for roasting below 400 degrees Fahrenheit and light sautéing
- Flaxseed oil — low smoke point — shouldn’t be heated; use in salad dressings

Skip the Oil
Invest in ceramic, porcelain enamel or seasoned cast iron cookware that prevents food from sticking. You can also sauté with broth, adding a little bit more if the liquid evaporates.

Steaming is one of the best ways to retain health-promoting antioxidants. Broiling, poaching or baking in parchment paper are additional healthy ways to cook. From a weight-management perspective, using these nonfat cooking methods can save significant calories.
Spring means time to hit the farmers market for the freshest locally grown foods. It’s good for you, and it’s good for the community. But, having diabetes doesn’t mean saying goodbye to all of your favorite fruits and starchy vegetables. “Fruits and veggies are packed full of nutrients and vitamins that are beneficial for health in general, including for those with diabetes,” said Elizabeth Bernstein, MD, Medical Director at the Mission Diabetes Center. But savvy shopping at the farmers market combined with smart preparation in the kitchen is key.

**Think Moderation**

“I tell my patients everything in moderation,” said Dr. Bernstein, who believes that even starchy vegetables such as corn, peas and sweet potatoes have their place in smaller portions. “If someone loves corn, they should have it, especially when local.” She qualifies this by adding that a half an ear of corn is 12-15 grams of carbs, and 45 grams is a reasonable target per meal — “So eat the corn, and go lighter on other carbohydrates.”

When it comes to fruit, Dr. Bernstein said berries are a good bet, noting that in general, a whole cup of strawberries is about 15 grams of carbs (again focusing on the smaller portion size). “I tell my patients to eat a slice of watermelon, just not the whole melon at one sitting,” said Dr. Bernstein.

**Go for the Greens**

That being said, the best way for persons with diabetes to fill up their farmers market baskets, and bellies, are with nonstarchy vegetables: leafy greens like kale, chard, spinach and bok choy, carrots, broccoli, green beans, cabbage and cucumbers, all of which have a lower glycemic load.

“The glycemic index or glycemic load does not always tell the whole story,” said Dr. Bernstein. “These tend to vary with how a food is prepared and with what other foods are consumed simultaneously.”

Once you get home, steaming, roasting or grilling vegetables are healthy recommendations. Pair with a whole grain for a meal low in carbohydrates and high in nutrients. ✨

**To learn more about services at the Mission Diabetes Center, visit mission-health.org/diabetes.**

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**Market Research**

Shopping at the farmers market with diabetes in mind

By Lindsey Grossman
Lu Anne Sheffield

“Things Didn’t Seem Right”

A colonoscopy saved Lu Anne Sheffield’s life

By Jennifer Sellers

For more information about Mission Cancer Care, visit mission-health.org/cancer.
Colin Bird, MD, a surgeon at Regional Surgical Specialists, an affiliate of Mission Health, and the only board-certified colorectal surgeon in western North Carolina, has seen this time and again, not just in published statistics, but among his own patients. “Colorectal cancer can be preventable,” he said. “The key to it being preventable is early detection. And the gold standard of early detection remains the colonoscopy.”

Follow the Schedule
According to current screening recommendations, anyone who doesn’t have a personal or family history of colorectal cancer should get a colonoscopy at age 50 — then every 10 years after that, if the screening is clear.

Anyone with a family history of colorectal cancer should get his or her first colonoscopy 10 years before the age a first-degree relative was diagnosed with colon or rectal cancer. “If your mother was diagnosed at age 45, you should start getting screened at 35,” said Dr. Bird.

For those with a history of polyps or cancerous tumors, Dr. Bird said screening recommendations are highly tailored based on the patient’s specific diagnosis and treatment history.

Listen to Your Body
While you should plan to follow standard screening recommendations in most cases, don’t hold off on a colonoscopy until your next scheduled screening if you have concerns about your colorectal health.

In February 2017, at the age 57, Lu Anne Sheffield of Asheville didn’t have an upcoming colonoscopy on her calendar, but she scheduled one anyway because she sensed something was wrong.

“Things didn’t seem right,” said Sheffield. “I felt like I couldn’t empty myself. I knew something was affecting me, and thought it might be a polyp. I said to myself, ’I’ll just have it checked out so that I can move on with my life.’ It’s a good thing I did because that decision saved my life.”

Dr. Bird said Sheffield did the right thing, but it’s something a lot of people choose not to do, which can have a negative effect on survival rates. He said the decision can be due to a lot of factors, many of them fears or misunderstandings.

“Some people just don’t want to deal with the awkwardness, or they mistakenly believe it will be painful,” he said. “Then there are some who are afraid of a diagnosis and just don’t want to know.”

“Listen to your body, pay attention to your body,” continued Sheffield. “If you think there’s something that might be wrong, have it checked out.”

Dr. Bird said that significant improvements in how colonoscopies are performed and the corresponding bowel preps have greatly improved patient experiences. He said many patients will be surprised to find that the test isn’t the big deal they thought it was.

Seek Immediate Treatment
Sheffield wasn’t afraid of the test. Nor was she worried about a diagnosis — although she initially assumed it would be something minor, like polyps. Ultimately, Sheffield ended up with a diagnosis of rectal cancer, which Dr. Bird would later identify as stage III cancer, but she is glad she got the screening when she did.

“As soon as the tumor was discovered, they got right on it,” she said. “The fact that it was found sooner rather than later made a big difference in my outcome.”

Dr. Bird explained that colorectal cancers under stage IV are usually staged following surgery. “As a surgeon, our first goal is to assess and rule out metastatic disease, stage IV cancer, which for colorectal cancer typically means extension to their liver or lungs,” he said. “Once we have ruled this out, we are able to use surgery as the backbone of our treatment and work towards curative intent. However, only after we’ve taken out the cancer can we truly tell if it’s stage I, II or III.”

Staging the tumor will determine whether subsequent treatment, such as radiation or chemotherapy, will be necessary. Sheffield had stage III cancer, which meant that her lymph nodes were also involved and that she would therefore require chemotherapy.

Sheffield’s treatment was also a little different in that she underwent radiation prior to her surgery. Dr. Bird explained that in some cases of rectal cancer it’s advantageous to begin chemotherapy and radiation first.

“For rectal cancer, the mass is in a fixed spot in the pelvis, not free-floating in the belly,” he said. “This anatomic relationship lets us utilize additional modalities like radiation. In these cases, not only does the up-front radiation augment surgery, the multidisciplinary approach leads to improved outcomes.”

Sheffield successfully completed all of her treatments — radiation, surgery and chemo. With regular follow up, she anticipates a cancer-free 2018. “That’s the value of a colonoscopy,” said Dr. Bird.

“There are other tests, such as stool analyses or imaging studies that may detect cancer, but only the colonoscopy allows us to diagnose and visualize the tumor at same time.”

Considering all of the advantages of a colonoscopy, Sheffield said she wants people to see how important it is to not be afraid of the test. “You have the right to go find out,” she said. “You need to treat yourself with that kind of respect. And if they find something, at least you have peace of mind and can move forward with whatever treatment is necessary to save your life.”
What Is Cyberknife?
Cyberknife is a technology that delivers external radiation. “Unlike the traditional linear accelerator, the Cyberknife is an accelerator at the end of a robotic arm,” said Eric Kuehn, MD, a radiation oncologist with Mission Cancer Care. “So rather than treatment delivery restricted to one plane, the robotic arm allows the team to choose almost any angle to deliver the beam. When multiple beam angles are utilized, the radiation is given to a tightly focused area.”

Mission Health has been using its Cyberknife system for the treatment of certain brain and lung cancers since 2005, and has treated well over...
1,500 patients since then. In fact, Mission was the first hospital in the Carolinas to introduce the technology. But it wasn’t until published data was available on the use of Cyberknife in prostate cancer treatment that the hospital started offering the treatment to that particular patient population.

“There were a few academic centers that were using Cyberknife to treat prostate cancer for several years with good results,” said Dr. Kuehn. “The problem was that no one had ever published their data. We would get calls from patients all the time asking about Cyberknife, but we were never comfortable offering it until we could see the data on outcomes and toxicity.”

“Fortunately, over the past couple of years that information has been published in medical literature,” continued Dr. Kuehn. “After seeing that the technology works quite well and that the toxicity wasn’t much different than any other forms of radiation, we were eager to start offering it to prostate cancer patients.”

As part of the preparation to begin prostate cancer treatments, Mission replaced their original machine with the newest version of the technology to allow delivery of the radiation even more efficiently than before.

Shortening Treatment Times
In terms of outcomes, the Cyberknife doesn’t necessarily deliver better results than other prostate cancer treatments. That’s because, when caught early, prostate cancer is generally a highly treatable cancer. “The results in treating early prostate cancer are pretty good no matter which method the patient chooses,” said Dr. Kuehn. “It’s hard to improve on the outcomes we already get.”

Therefore, the biggest selling point of Cyberknife is that it drastically shortens a patient’s treatment period from 40 treatments over the course of 8 weeks to five treatments within a week and a half. Dr. Kuehn said this patient-friendly feature is particularly important in western North Carolina, where patients sometimes drive long distances to receive treatment.

“Mission covers a wide geographic area, and we see lots of patients who live a long way from Asheville and have to drive an hour to an hour and a half or longer to get here,” said Dr. Kuehn. “In the past, radiation for prostate cancer required huge time and travel commitments from them. It’s a big win for those patients that they now have something as good as the traditional treatment, but with more convenience.”

The shorter course of therapy was ultimately what convinced Gingras to choose Cyberknife. When he met with Dr. Kuehn prior to his treatment, Dr. Kuehn discussed all treatment options with Gingras, including Cyberknife.

“It’s a big decision, but in the end I chose Cyberknife because there would be fewer treatments,” said Gingras. “I also liked that it was a highly targeted and accurate treatment.”

Gingras said the treatments were a breeze for him. “It was so easy and simple — just like getting an X-ray,” he said. “You don’t have any pain while it’s happening, and it’s just incredible to watch the machine work. So you just lie there listening to music and looking at the stars on the ceiling while this amazing robot works, and then in 15 minutes or so it’s over. I did that every other day for 10 days, and that was it.”

Gingras also saw immediate results from his treatments. Before he started, his PSA number was 8.7. After his five Cyberknife treatments, it was already down to a 1.7.

The Ideal Patient
One of the reasons Cyberknife was such a good treatment option for Gingras — and why Dr. Kuehn recommended it to him in the first place — is that he was the type of patient who would benefit well from the therapy.

According to Dr. Kuehn, Cyberknife is recommended for men with relatively early prostate cancer. “The more advanced prostate cancers would not be appropriate to treat with this technology,” he said. “Not only do we not have published outcomes of treatment in those patient populations, but we know that Cyberknife is ideal for targeting smaller areas with finite edges. With more advanced prostate cancer, we’re dealing with much larger areas at risk, possibly including the lymph nodes and the tissues around the prostate.”

Dr. Kuehn said the treatment is also not usually recommended for men with large prostates. “One of the side effects of the treatment is that it can temporarily cause difficulty emptying the bladder, and that can be worse for those who already have trouble emptying their bladders due to a big prostate,” he said.

The side effect Dr. Kuehn mentions is one Gingras experienced. Prostate swelling due to the treatment caused him difficulty in emptying his bladder. But through a combination of medications and self-cathetering, his symptoms have slowly tapered off. Dr. Kuehn said this side effect can last two to three months following surgery.

Special Care Every Step of the Way
While Cyberknife is a fairly straightforward treatment, Dr. Kuehn and the rest of the cancer care team take special precautions to improve outcomes, as well as patient experiences. Gingras said the follow-up care he received was also top notch.

“Dr. Kuehn would call me every week just to check on how I was doing,” he said. “But, really, everyone I interacted with throughout this process has been so nice — from Victoria Urological Associates to Dr. Kuehn’s team. They’re your doctors and nurses, but you come to think of them as friends too.”
North Carolina isn’t immune to the threats facing rural hospitals as we saw with Sentara Medical Center in Kitty Hawk closing its doors in December. But, in McDowell County, Mission Health is investing over $48 million in a brand new facility (scheduled to open February 23) here to support care for decades to come. While renovation was considered, the cost of remodeling was significant and comparable to building a new facility. The new facility will enhance safety, efficiency of care and the patient-family experience.

- We are very fortunate because our new hospital will offer expanded and enhanced emergency services to the community, state-of-the-art imaging capabilities, larger patient rooms, expanded, technology-outfitted operating rooms, telehealth services and an intentionally designed safe area in our emergency department to care for behavioral health patients.

mission-health.org/mcdowell
The New Hospital
- 30 larger inpatient rooms, including 5 labor and delivery suites
- 3 inpatient/outpatient operating rooms, with 1 C-section room
- 12 preop and postop bays
- Expanded emergency department with 15 bays, including 2 trauma bays
- More than 105,000 total square feet, including a new medical office building

Mission Hospital McDowell and the Community
- 64,000 outpatient visits per year
- $67.4 million in annual economic impact
- $2.4 million in community benefits
- 400-plus employees (5th largest in the county)
- Partnering with Corpening Memorial YMCA to provide lifestyle and behavior education to fight Type 2 diabetes
Special Deliveries

CarePartners PACE transportation services help seniors retain their independence

By Trisha McBride Ferguson

When it comes to getting healthcare services, transportation is a necessity for today’s seniors. To remain independent, older adults need a safe, reliable way to get to their appointments — which is where CarePartners PACE (Program of All-inclusive Care for the Elderly) proves invaluable. Not only does the comprehensive program help seniors manage their healthcare needs, it coordinates and provides the much-needed transportation.

Handling with Care
Heart transplant survivor Peggy Watson, 71, credits CarePartners PACE transportation services with allowing her to continue living independently. “It’s the No. 1 reason,” she said. Watson, who relies on oxygen and a wheelchair, utilizes PACE transportation for all of her doctor visits and specialist appointments. “There’s no way we could do this on our own.”

Ultimately, the all-inclusive program helps keep patients like Watson happy and as independent as possible while reducing her healthcare costs. “They come and get me, and then they bring me back home — anything I need,” Watson said.

Every few minutes throughout the day a van stops at the center, dropping off participants for the PACE program and shuttling them to their various appointments. “Right now, we have 7-8 vehicles on the road morning and evening,” said Ryan Strimple, CarePartners PACE Transportation Manager. He has been coordinating the program’s transportation since its beginning in March 2015. “I was the first person our first participant saw on the first day,” he said. Today, the program transports an average of 80 PACE participants each day.

“Door through Door” Service
While ensuring seniors get the services they need, the PACE program manages to add a bit of TLC to the transportation process. “The main difference between what my drivers and other services do is we provide ‘door through door’ service,” said Strimple. “We do more than haul cargo, we don’t just pull in the driveway and honk. We help patients into or out of the bed; we transfer them from chair to wheelchair and back — whatever’s necessary.”

PACE drivers assist participants in numerous ways, including ensuring patient dignity. With a population that includes many patients suffering from dementia, this last visual check is invaluable. “We make sure they have their clothes on properly and that they’re dressed appropriately for the weather,” said Strimple.

With transportation barriers responsible for the gaps in healthcare for many senior adults, PACE stands out in its ability to transport participants to and from their homes. Not only do they provide the transportation, but the coordination of it is seamlessly handled at the time the appointment is made. These valuable services help many participants — who would otherwise require a skilled nursing facility — retain their independence.
Ryan Strimple is CarePartners PACE Transportation Manager. (828) 213-8442

CarePartners PACE (Program of All-inclusive Care for the Elderly) provides a wide range of services for adults 55 and older. The community-based care program helps individuals remain independent while coordinating the services and support they need to continue to live independently.

Senior adults age 55 and older are eligible for the program if they live in Buncombe or Henderson county, meet the NC Nursing Home Level of Care criteria and are able to live safely in the community at the time of enrollment. All CarePartners PACE services are paid for by Medicare, Medicaid and/or private pay — with all costs covered for seniors who are fully eligible for Medicaid.

PACE services include:
- Primary care (including doctor and nursing services)
- Hospital care
- Medical specialty services
- Prescription drugs
- Nursing home services
- Emergency services
- Home care
- Physical therapy
- Occupational therapy
- Adult day care
- Recreational therapy (activities)
- Meals
- Dentistry
- Nutritional counseling
- Social services
- Laboratory/X-ray services
- Social work counseling
- Medical transportation

To enroll or get more information about CarePartners PACE, call (828) 213-8442 or visit carepartners.org.
W ith children, small changes can indicate big troubles. From sudden fears to aggression, child abuse and neglect change children. “We urge adults to pay close attention to children around them. Unexplained behavioral changes can signal a child or family needs help,” said Cindy Brown, MD, a child abuse pediatrician at Mission Children’s Hospital.

Whether it’s physical, emotional or sexual, child abuse is under reported. Recent data from Child Protective Services suggests western North Carolina has higher rates of neglect and child abuse than other parts of the state. Closely tied to untreated parental mental illness, addiction, the adult’s own abuse or economic hardship, this dark history can repeat itself. “Most often, abuse doesn’t stop unless it’s reported,” said Dr. Brown.

Signs of Trouble
- Sudden aggression, fighting or hurting animals
- Child’s injuries not matching the explanation
- Depression, withdrawal or mood swings
- Sudden struggles with school work
- Regression like sudden bed wetting or toileting accidents at school
- Fears of going home or of certain people
- Sudden fears of being touched, going to the bathroom or specific places
- Changes in how affection is shown
- Wearing long sleeves and pants even in hot weather
- Dirty clothing, malnourishment or changes in hygiene
- Caregivers verbally demeaning children, withholding affection or isolating children

The Child Safety Team

The Child Safety Team at Mission Children’s Hospital, led by board certified child abuse pediatricians, partners with local child protective services departments, law enforcement and mental health professionals at Mountain Child Advocacy Center.

The Child Safety Team is specially trained to gather information from and provide medical evaluation to hundreds of children when suspicions of neglect or abuse are reported. Care is coordinated with the child abuse experts at the Mountain Child Advocacy Center who provide evidence-based counseling and treatment.

What You Can Do
- Take note. Behavior changes can be a gauge of children’s home lives.
  “Abused children can make incredible recoveries when they are in loving, nurturing homes and get the therapy they need,” said Dr. Brown.

For questions about our child abuse prevention and treatment, call the Mountain Child Advocacy Center, located at Mission Children’s Hospital Reuter Outpatient Center, at (828) 213-9824. 💪
While angina, murmurs and heart attacks are widespread, sadly, confusion about their meanings is also common. Let’s take a closer look at six misunderstood terms.

“All the internet can be overwhelming, your doctor is your best resource,” said Sarah Ciccotto, MD, cardiologist at Asheville Cardiology Associates, an affiliate of Mission Health.

**Angina** refers to any heart-related symptoms including chest pressure, chest or arm pain, or shortness of breath.

“Stable” angina is predictable and treated with nitroglycerin. When symptoms increase or happen with less activity, angina is “unstable” and deserves a call to your doctor.

The swooshing sound of blood flowing through the heart is known as a **heart murmur**. Often discovered using a stethoscope, a heart murmur can be normal or it can signal something more. An echocardiogram test can reveal new information.

**Heart failure** is when your heart either doesn’t pump or relax well enough to meet the body’s oxygen demands. Common symptoms are shortness of breath, and leg and ankle swelling. Symptoms can be managed and improve greatly with medicine and dietary changes.

A **heart attack** is an emergency when the heart muscle is starved of oxygen. A blocked artery prevents oxygen-rich blood from reaching the heart and causes permanent damage. “Since every minute counts, call 911, if you think you’re having a heart attack,” said Dr. Ciccotto.

An **echocardiogram (echo)** uses sound waves to create pictures of your heart and valves. These images provide your doctors more information about your heart and most often can be done in your doctor’s office.

A **stent** is a small metal scaffold inserted into an artery to prop it open and restore blood flow through blocked vessels.

“It’s important to help patients understand what’s happening with their bodies. Often I can relieve their concerns by simply answering questions,” said Dr. Ciccotto.
The Best Medicine
Mission Specialty Pharmacy helps take some of the worry out of complicated medical treatments

By Lindsey Grossman

Serious illnesses require complicated treatments. That’s often just the beginning, because figuring out medications can be quite complex — mentally and financially. Mission Specialty Pharmacy offers help.

Help for Complex Conditions
Mission Specialty Pharmacy is an ideal choice for those who are being treated for a serious condition such as cancer, hepatitis C, rheumatoid arthritis, psoriasis, Crohn’s, ulcerative colitis, HIV/AIDS, multiple sclerosis, organ transplantations, human growth hormone deficiencies and other complex conditions.

“The medications and treatment plans required to help these patients are complex,” said Denali Cahoon, general manager for the Mission Specialty Pharmacy. “Mission Specialty Pharmacy patients benefit from comprehensive patient education from our pharmacists, and receive support with medication access from our Liaisons to ensure successful treatment outcomes.”

Exceptional Customer Care
One of the most unique Mission Specialty Pharmacy features is the Liaison — a free service. Like a pharmacy fairy godmother, your Liaison will get to know you and your specific situation, and do everything possible to make the entire process easier, from helping coordination with your doctor, to finding financial assistance, to delivering medications to your home. And, when the time comes, your Liaison will call you to check in and schedule refills.

“Additionally, our clinical pharmacists will provide teaching and support to ensure you have the best outcome possible from the medication that our provider prescribed,” said Cahoon. “They can even meet you right in the clinic to address any medication concerns.”

Costs Less
Medications for more involved conditions can be as exorbitant as they are essential. Because of this, Mission Specialty Pharmacy strives to assist with any reimbursement challenges. In the first few weeks that they worked with patients at Cancer Care of Western North Carolina, Mission Specialty Pharmacy’s Liaison helped patients save more than $10,000 in out-of-pocket expenses.

“Some of these patients were facing thousands of dollars per month for just one drug, and some were facing tens or hundreds of dollars,” said Cahoon. “The goal is to have one less thing to worry about when facing a challenging treatment. Mission Specialty Pharmacy is helping patients in need with financial access to the drugs prescribed.”

Mission Specialty Pharmacy
Mission Memorial Campus (located within Mission Medical Center Pharmacy)
509 Biltmore Avenue
Hours: Monday - Friday, 8:30 am-5 pm
(828) 276-1212
mission-health.org/pharmacy

Denali Cahoon is the general manager for the Mission Specialty Pharmacy, (828) 276-1212
Fatal if untreated, alcoholism is a chronic, progressive disease to which many Americans are genetically predisposed. Each April for the past 30 years, the National Council on Alcoholism and Drug Dependence (NCADD) has campaigned to illuminate alcoholism, its causes, effects and treatments during National Alcohol Awareness Month. Here’s what you need to know:

How much alcohol is allowable as part of a healthy diet?
“The current recommendations are up to one drink a day for women of all ages, up to one drink a day for men 65 and older, and up to two drinks per day for men 65 years old and younger,” said Steve North, MD, MPH, family and adolescent medicine specialist with Mission Community Primary Care — Spruce Pine.

How does alcohol consumption affect patients with diabetes or prediabetes?
As a form of sugar, alcohol directly impacts the development of diabetes, said Dr. North.

Is there a connection between alcohol and major health issues?
Chronic alcoholism can impact all aspects of a person’s health. It can result in hypertension, which can lead to a decrease in kidney functioning. “Recent studies show that even moderate alcohol use may increase the patient’s overall risk of cancer,” said Dr. North.

Is it okay to drink alcohol during pregnancy?
“I feel that the best answer is that no alcohol consumption is the goal for all of pregnancy,” said Dr. North. “The highest risk to the fetus from alcohol comes in the first trimester when women often do not realize that they’re pregnant.”

Is drinking and driving still a significant problem?
Yes, on average two in three people will be involved in a drunk driving crash in their lifetime, according to the National Highway Traffic Safety Administration (NHTSA).

What is considered “heavy drinking”?
According to the Centers for Disease Control and Prevention (CDC), heavy drinking is 15 or more drinks per week for men and eight or more drinks per week for women. Binge drinking is considered to be four or more drinks during a single occasion for women, and five or more drinks for men.

Where can I get help?
If you or a loved one needs treatment or other alcohol and drug services, contact:
- National Council on Alcoholism and Drug Dependence: (800) NCA-CALL (622-2255)
- Alcoholics Anonymous: AA.org

Steve North, MD, MPH, is a family and adolescent medicine specialist with Mission Community Primary Care — Spruce Pine. (828) 766-3555

To find a Mission primary care provider who’s best for you, call (828) 213-3222 or request an appointment at mission-health.org/needadoc.
Q: What issues do physical therapy address?

A: There are three primary areas I focus on when assisting women who are being treated for cancer:

- **Pain, fatigue and weakness.** Patients who have undergone treatment often have weakness in their arms and legs, as well as general fatigue and pain. And with side effects like nausea and weight loss, they can grow weaker and weaker. Exercise can help combat this.

- **Lymphedema.** Women who have had lymph nodes removed under the arms, due to breast cancer, or in the pelvic area, due to gynecological cancers, can experience serious swelling in the nearby limbs, or even in the lower abdomen or pubic area. One of the goals of physical therapy is to reduce this swelling.

- **Pelvic floor dysfunction.** Treatment of gynecological cancers, like cervical, ovarian and uterine, can create a number of problems in the pelvic area, including bladder dysfunction, urinary incontinence, bowel dysfunction and sexual dysfunction. Radiated tissue becomes very weak, fragile and painful, so patients are taught to strengthen those areas and make necessary compensations.

Q: When should physical therapy start?

A: I’d like to see patients before treatment, particularly before surgery. The more patients know going in, the more they can start exercising in a way that can help them not be as fatigued after treatment.

But every patient is different, and patients are referred to physical therapy at different stages during their treatment and recovery, based on their doctor’s or surgeon’s recommendations.

Q: What can patients do on their own to condition themselves?

A: Patients who know they’ll be undergoing cancer treatment soon can go ahead and start conditioning themselves on their own. I typically recommend the following:

- **Walking.** This is an exercise program that benefits all patients, regardless of the type of cancer they have or the type of procedure they’ll be undergoing. Patients should walk at a pace where they are still able to talk throughout the duration of the exercise.

- **Chest stretches.** Patients with breast cancer can benefit from stretches, such as wall stretches, that address tight chest muscles. You should feel the stretch across your chest and hold that stretch for 30 to 60 seconds. Don’t hold the stretch so long that it becomes painful.

- **Lower extremity stretches.** For women undergoing pelvic procedures, I recommend hip flexor stretches, which require getting into the lunge position, where one foot is in front of the other, and the back leg is straight. Lunge stretches should be held for a duration of 30 to 60 seconds, or however long it remains comfortable.

For more information on the services provided at HOPE Women’s Cancer Center, call (828) 418-1346.
Genetic tests can help diagnose disorders, find what medications would be most effective for individuals, determine if mutations for certain diseases might be passed on to children, and much more. The Mission Fullerton Genetics Laboratory offers many different kinds of genetic tests. Here are four of them:

**Chromosome Analysis**
Humans have 23 pairs of chromosomes. Chromosome analysis is studied using live, dividing cells to determine if an abnormal number of chromosomes is present or whether chromosomes have been inappropriately rearranged.

At the Fullerton Genetics Laboratory, cells are cultured and stained so that the patterns can be analyzed in prenatal, blood and cancer samples.

**Chromosomal Microarray Analysis**
Chromosomal microarray analysis (CMA) allows the lab to look at the entire genetic makeup of a person in order to find missing or extra pieces of chromosomes.

The CMA test at the Fullerton Genetics Laboratory is a first-tier test for intellectual disability, multiple congenital anomalies and autism-spectrum disorders.

**Fragile X**
Fragile X syndrome (FXS) is the most common inherited cause of intellectual disability. Males with FXS exhibit mild to severe intellectual disability, often associated with autism-spectrum disorders, attention-deficit/hyperactivity disorder, speech/language delay, anxiety and other characteristic behaviors. Approximately 50 percent of females with a mutation are affected, and some have more significant cognitive, behavioral, and physical features of FXS similar to those in males, while others have only subtle learning disabilities.

The FXS test at the Fullerton Genetics Laboratory is designed to detect the expansion mutations that are the primary cause of this genetic disorder.

**Cystic Fibrosis**
Cystic fibrosis (CF) is caused by the presence of two mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene that are located on opposite chromosomes. Testing for CF mutations is recommended on a diagnostic basis for individuals with symptoms of classic CF as well as on a carrier screening basis for expectant individuals and those planning a pregnancy.

The CF test at the Fullerton Genetics Laboratory is designed to detect the most common mutations currently recommended by the American College of Medical Genetics and the American College of Obstetricians and Gynecologists, plus some of the world's most common and North American-prevalent mutations.
Regardless of where in the body you’re experiencing orthopedic pain, there are some general rules that apply,” said David Jarrett, MD, an orthopedic surgeon and Medical Director of Mission Orthopedics. “When it comes to prevention, it’s important to be in shape and warm up. Maintaining ideal body weight for your age, sex and height is also key to preventing a number of problems.”

You can often treat an injury at home by using the RICE (rest, ice, compression, elevation) method and taking Tylenol. Dr. Jarrett said over-the-counter NSAIDs (nonsteroidal anti-inflammatory drugs) like ibuprofen and naproxen are generally okay for short-term use, but he advises against long-term use.

**Knees**
*Preventing injury:* Some people’s knees get out of balance because their extensors are more dominant than their flexors, said Dr. Jarrett. You can maintain knee balance by strengthening your hamstrings, quadriceps and calf muscles.

*When to see an orthopedist:* Knee pain often falls into two categories: sports-related injuries and age-related joint deterioration. Those who are young and athletic often experience twisting injuries that can lead to swollen and unstable knees. Less active patients may have stiffness and increasing pain with weight bearing, making it harder to perform normal activities. Any pain, swelling or stiffness that doesn’t resolve should be addressed by a medical professional.

**Hips**
*Preventing injury:* You’ll be less prone to experience hip injuries if you keep your core strong, so focus on conditioning your lower back and abdomen so that they’re well toned.

*When to see an orthopedist:* It’s a common misconception that hip pain centers in the buttocks area. Most hip pain is felt as groin pain. Dr. Jarrett said that intense groin pain or difficulty in bending, such as when you put on shoes and socks, are indicators that you should seek medical care.

**Shoulders**
*Preventing injury:* The muscles that stabilize your shoulder blades are key in keeping your shoulders in good shape. Dr. Jarrett recommends shrugs and pinches with your scapula to hold the shoulder blade nice and toned against the chest wall.

*When to see an orthopedist:* Shoulder pain can often flare up during certain activities, but if you’re experiencing deep, aching shoulder pain at rest even though you haven’t experienced an injury, you should see an orthopedist. Limited range of motion when performing everyday tasks like buckling a seatbelt or fastening a bra also indicates the need for medical evaluation.

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**Seeing an Orthopedist**

If you’re not seeing improvement with at-home care, contact an orthopedist. He or she can rapidly diagnose joint problems and prescribe appropriate treatments. To learn more about Mission Orthopedics, visit mission-health.org/boneandjoint.

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(828) 213-1111

David Jarrett, MD, is an orthopedic surgeon and Medical Director of Mission Orthopedics.
With spring weather comes the opportunity to be more active outdoors, like hiking, running and biking. Regular exercise can help increase your energy and improve your balance, health and mood. The American Heart Association recommends at least 150 minutes per week of moderate exercise or 75 minutes of vigorous exercise. Before you put on your athletic shoes and start a new routine, we’ve got some tips to help keep you safe and healthy.

Start Slowly
While everyone can benefit from talking with their doctor before beginning a new fitness program, it’s important for pregnant women and people with a history of cardiac disease or other health issues to consult a physician beforehand, said Thomas Minton, PT, Cert. MDT, CRTS, a physical therapist with CarePartners Outpatient Therapy Clinic.

“New exercisers should start gradually, slowly adding exercise and increasing the effort level,” said Minton. “Do a little bit more each day, but not too much, and consider adding a variety of activities to more evenly distribute the new stresses on the body.”

Get Fitted to Get Fit
For new cyclists, the key to success is fit. “Make sure you purchase a bike that fits well,” said Minton, also a certified bike fit and running technique specialist. “After the initial sizing, consider a bike-fitting session with a trained specialist to ensure optimum adjustment. This involves a physical examination including flexibility and strength testing along with an interview of the individual’s goals and history of injury. The bike fitting session is performed on the individual’s current bicycle, and adjustments are made to optimize performance, prevent injury, and optimize comfort.”

New runners can also avoid injury by consulting a physical therapist trained in running gait evaluation and technique instruction. “New runners may consider learning proper technique with a coach or physical therapist specializing in teaching running technique,” said Minton. “It’s important to find someone who specializes in running injuries and is able to actually teach correct technique.”

Mix It Up
One of the best ways to build muscle or burn calories is to switch up your workout routine. “The body adjusts to repetitive movements over the long term, so alternate your fitness activities to see ongoing results,” said Minton.
Laila Awny, MD, joins McDowell Internal Medicine. Dr. Awny is a graduate of Ain Shams University, Faculty of Medicine. She completed her Internal Medicine Residency at University of South Dakota Sioux Falls.

The physicians and providers with McDowell Internal Medicine see patients from their office located at 1633 Sugar Hill Road. To schedule an appointment with Dr. Awny or a McDowell Internal Medicine provider, call (828) 652-7776.

Thomas Belt, MD, joins Mission Family and Internal Medicine. Dr. Belt is a graduate of Southwestern Medical School. He completed his Internal Medicine Residency at Medical College of Georgia. Prior to his medical career, Dr. Belt graduated from University of Texas at Austin. Dr. Belt specializes in internal and geriatric medicine.

The physicians and providers with Mission Family and Internal Medicine see patients from their office located at 310 Long Shoals Road, suite 310, in Arden. To schedule an appointment with Dr. Belt or a Mission Family and Internal Medicine provider, call (828) 213-8235.

Gregory Carter, MD, joins Pisgah Urology. Dr. Carter is a graduate of Indiana University School of Medicine. He completed an internship and residency in general surgery at Wilford Hall USAF Medical Center, and a residency in urology at the University of Southern California/Los Angeles County Medical Center.

Dr. Carter, and his PA, Aleece Fosnight, see patients in their Pisgah Urology office located at 87 Medical Park Drive A, in Brevard. To schedule an appointment with Dr. Carter or Aleece, call (828) 883-5858.

Jason Lappe, MD, joins Asheville Cardiology Associates. Dr. Lappe is a graduate of Cleveland Clinic Lerner College of Medicine of Case Western Reserve University. He completed his Internal Medicine Residency at Duke University Health Systems, and fellowships in Cardiovascular Medicine and Electrophysiology at Cleveland Clinic. Prior to his medical career, Dr. Lappe graduated from Brandeis University with a BS in Neuroscience and Biology, and an MS in Neuroscience. Additionally, Dr. Lappe received his MS in Clinical Research Specializing in Clinical Trial Design at Case Western Reserve University.

The physicians and providers with Asheville Cardiology Associates see patients from their office located at 5 Vanderbilt Park Drive in Asheville. To schedule an appointment with Dr. Lappe or an Asheville Cardiology Associates provider, call (828) 274-6000.
Jennifer Osborne, MD, joins Asheville Pulmonary and Critical Care Associates. Dr. Osborne is a graduate of West Virginia University School of Medicine. She completed her Internal Medicine Residency at West Virginia University, and her Pulmonary/Critical Care Medicine Fellowship at the University of Virginia Health System. Prior to her medical career, Dr. Osborne graduated from West Virginia University with a BS in Biology.

Robert Oxford, MD, joins Carolina Spine and Neurosurgery Center. Dr. Oxford is a graduate of Brody School of Medicine at East Carolina University. He completed his Neurological Surgery Residency at University of Washington. Prior to his medical career, Dr. Oxford graduated from North Carolina State University, summa cum laude, with a BS in Chemical Engineering.

Anna-Marieta Moise, MD, joins our neurology team at Mission Neurology. Dr. Moise is a graduate of Georgia Health Sciences University. She recently completed her fellowship in clinical neurophysiology with an emphasis in epilepsy at Emory University. Prior to her medical career, Dr. Moise graduated from the University of Georgia, summa cum laude, with a BA in Psychology, BS in Biology and a minor in Spanish.

Robert Roddenberry, MD, joins the surgical team at McDowell Surgical Services. Dr. Roddenberry is a graduate of Medical College of Georgia. He recently completed his General Surgery Residency at West Virginia University. Prior to his medical career, Dr. Roddenberry graduated from Georgia Southern University, summa cum laude, with a BS in Chemistry.

Thomas Starnes, MD, joins the Sports Medicine team at Asheville Orthopaedic Associates, an affiliate of Mission Health. Dr. Starnes is a graduate of University of South Florida Morsani College of Medicine in Tampa, Florida. He recently completed his fellowship in Primary Care Sports Medicine at the University of Florida, Gainesville. During Dr. Starnes' fellowship, he helped cover NCAA Division 1 regular and postseason events and provided direct patient care for concussion management, primary care needs of athletes, management of acute injuries and fractures, and musculoskeletal injections.

Dr. Starnes will see patients at the office located in the Mission Health Biltmore Park medical office building at 310 Long Shoals Road in Arden. The phone number to schedule an appointment is (828) 252-7331.
Calendar of Events

March through May 2018
All events are free unless noted. Event dates and times subject to change.

BLOOD DRIVES

The Blood Connection of Greenville, South Carolina, is the sole provider of blood to Mission Health, guaranteeing that all blood donated stays here locally for the benefit of the community. To schedule a blood donation appointment, call (828) 213-2222, option 2. Walk-in appointments welcome; however, appointments are requested. For more information, visit mission-health.org/blood-drives.

Angel Medical Center
Mar 2, 8 am-2 pm; May 4, 8 am-2 pm
120 Riverview St., Video Conference Room, 3rd floor, Franklin

Highlands-Cashiers Hospital
Apr 20, 9 am-2 pm
190 Hospital Dr., Bloodmobile in hospital parking lot, Highlands

Transylvania Regional Hospital
Apr 5, 9 am-2 pm; May 31, 9 am-2 pm
260 Hospital Dr., Carlson Conference Room, Brevard
Call (828) 883-5130 or email kimberly.stewart@msj.org for an appointment.

SUPPORT

ALS (Lou Gehrig’s Disease) Support Group
4th Friday of each month, 1-2:30 pm
23 Edwin Place, Asheville
Contact Pamela Brown at (828) 252-1097

Aphasia Support Group
Every Monday, 10 am-12 pm
Grace Covenant Presbyterian Church, 789 Merrimon Ave., Asheville
Contact Edna Tipton at (828) 684-9619 or ednatip@aol.com
For more information, visit www.ashevilleaphasia.org

Begin the Conversation: End-of-Life Care Planning
3rd Monday of the month, 5:30-6:30 pm
CarePartners, 68 Sweeten Creek Rd., Seymour Auditorium, Asheville
Contact Dylan Babb at (828) 775-7111
Please call ahead if you are attending

Bereavement Support Groups
Call for dates and times
CarePartners Bereavement Center, 68 Sweeten Creek Rd., Asheville
For information, call (828) 251-0126

Brain Injury Support Network
4th Tuesday of each month, 6-7:30 pm
Foster Adventist Church, 375 Hendersonville Rd., Asheville
Contact Lynn Williams at (828) 683-8788 or Karen Harrington at (828) 277-4868

Burn Survivor Support Group
1st Saturday of each month, 2-4 pm
CarePartners Seymour Auditorium, 68 Sweeten Creek Rd., Asheville
Contact Frank Hensley at frank@greenstreet.org

Caregivers Support Group
1st Wednesday of each month, 10:30-11:30 am
CarePartners Adult Day Services, 68-A Sweeten Creek Rd., Asheville
Contact Kenya Miles at (828) 277-3399

Grief Classes
CarePartners Bereavement Center, 68 Sweeten Creek Rd., Asheville
For information, call (828) 251-0126

Growing Stronger Together: Cancer Support Group for Transylvania County
2nd Thursday of each month, 4-5 pm
Transylvania Regional Hospital, 260 Hospital Dr., Newland Conference Room, Brevard
Contact Joelle Cleveland, RN, BSN, OCN, at (828) 883-3987 or Nancy Kurtts, LPC, at (828) 862-6396

Hearing Loss Support Group
3rd Saturday of each month, 10:30-11:30 am; starting in 2018 the group will meet during the week (email or call for new meeting time)
CarePartners Seymour Auditorium, 68 Sweeten Creek Rd., Asheville
Contact Ann Karson at (828) 665-8699 or akarson57@gmail.com

Limb Loss Support Group
1st Thursday of the month, 4 pm
CarePartners Conference Room B, 68 Sweeten Creek Rd., Asheville
Contact David Taylor at (828) 254-3392

Parkinson’s Support Group
1st Tuesday of the month, 10:30 am-12 pm
Greco United Methodist Church, 94 Tunnel Rd., Asheville
Contact Beth Pape at (978) 729-3356 or AdWoman123@yahoo.com or Dylan Babb at (828) 775-7111

CHILDREN’S HEALTH

Parenting and Baby Safe Classes
Educational opportunities for all caregivers.
Various dates and times
Asheville
For details, visit store.mission-health.org/womens

MEN’S HEALTH

Men’s Night Out — If the Shoe Fits
Mar 27, 5:30 pm
Angel Medical Center, 120 Riverview St., Video Conference Room, 3rd floor, Franklin

Men’s Night Out — Catch Some Zzz’s
May 22, 5:30 pm
Angel Medical Center, 120 Riverview St., Video Conference Room, 3rd floor, Franklin

For a full list of Mission Health’s events, visit calendar.mission-health.org
Post-Polio Resource Group
2nd Saturday of the month, 1-3 pm
Asheville
Contact Charles Henson for location at (828) 648-1938 or janicehenson1@aol.com

Spinal Cord Injury Support Group (patients and caregivers)
3rd Thursday of the month, 11 am-12 pm
CarePartners Rehabilitation Hospital Family Room, 68 Sweeten Creek Rd., Asheville
Contact Debbie Johnson, PT, at (828) 274-2400, ext. 41112

Stroke and Neurological Disorders Support Group
1st Wednesday of the month, 3:30-4:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
For more information, call (828) 369-4171

Stroke Education and Support Group
2nd Thursday of the month, through May, 12:15-1 pm
CarePartners Seymour Auditorium, 68 Sweeten Creek Rd., Asheville
Contact Robin Smith at (828) 274-9567, ext. 41101

WEIGHT MANAGEMENT
Mission Weight Management: Free Medical Information Session — Mission Hospital
An information session on a program designed to help you lose weight without surgery with the help of trained medical professionals. Mar 7, 11 am; Mar 15, 6 pm; Apr 4, 11 am; Apr 19, 6 pm; May 2, 11 am; May 17, 6 pm

Mission Weight Management: Free Surgical Information Session — Mission Hospital
Learn about our many surgical options for weight loss. Mar 2, 1 pm; Mar 20, 5:30 pm; Mar 23, 1 pm; Mar 26, 5:30 pm; Apr 6, 1 pm; Apr 17, 5:30 pm; Apr 23, 5:30 pm; Apr 27, 1 pm; May 4, 1 pm; May 15, 5:30 pm; May 25, 1 pm

Mission Weight Management: Free Surgical Information Session — Cherokee
Learn about our many surgical options for weight loss. Mar 15, 5:30 pm; May 17, 5:30 pm

Mission Weight Management: Free Surgical Information Session — Fletcher
Learn about our many surgical options for weight loss. Apr 19, 5:30 pm

Mission Weight Management: Free Surgical Information Session — Marion
Learn about our many surgical options for weight loss. Mar 1 and May 3, 5:30 pm

Register for a free information session at missionweight.org or (828) 213-4100.

WOMEN’S HEALTH
Childbirth and Pregnancy Classes
Educational opportunities for women and families including a free orientation for women who plan to give birth at Mission Hospital.
Various dates and times
Asheville
For details, visit store.mission-health.org/womens/

Ladies Night Out — If the Shoe Fits
Mar 27, 5:30 pm
Angel Medical Center, 120 Riverview St., Angel Medical Center Cafeteria, Franklin

Ladies Night Out — You Go Girl!
Apr 24, 5:30 pm
Angel Medical Center, 120 Riverview St., Video Conference Room, 3rd floor, Franklin

Ladies Night Out — Seeing Double
May 22, 5:30 pm
Angel Medical Center, 120 Riverview St., Video Conference Room, 3rd floor, Franklin

MISCELLANEOUS
Book Fair
Mar 1, 11 am-7 pm; Mar 2, 7 am-4 pm
120 Riverview St., Angel Medical Center Cafeteria, Franklin

Macon Your Heart Beat 5K/1-mile Walk
Mar 24
Registration for the 5K begins at 8:30 am. 1-mile walk begins at 9 am. 5K begins at 9:30 am. 120 Riverview St., Franklin
Call (828) 349-6639 or email Bonnie.Peggs@msj.org for more information.

A Podcast by Mission Health
Because healthcare can be complex, we help break it down in 20 minutes or less.

Episode 14: Back to the Basics: A Vocabulary Lesson in Heart Health
Episode 13: Talking Food Trends: How to Grocery Shop for Heart-Healthy Products
Episode 12: I Had a Stroke. Now What?
Episode 11: Recognizing a Stroke Could Mean Saving a Life
Episode 10: Nursing: Where Passion Meets Purpose
Episode 9: Can Food Really Fuel Your Heart?
Episode 8: Reducing the Risk of Birth Defects
Episode 7: Why Do You Go Pink?
Episode 6: A Telling Conversation about Women’s Health
Episode 5: The Truth about Alcohol and Pregnancy (FASD)
Episode 4: Choosing Hospice for Loved Ones, Early
Episode 3: Need a Doc? Your Health Starts with Primary Care

Find these episodes and more at blog.mission-health.org/podcast

Listen on Apple Podcasts
A Wonderful Job

I am writing to express my thanks and gratitude to the wonderful staff at Mission Breast Center. Over the past couple months, I have had several mammograms, ultrasounds and biopsies. Each person I dealt with was so very considerate and compassionate. They were all supportive and encouraging during the procedures. I thanked each one personally, but I also wanted to let you know what a wonderful job they were doing. These uncomfortable and scary appointments were made bearable by their care.

— Sharon Boyd

The Mission Breast Center provides state-of-the-art breast imaging utilizing 3D mammography, whole breast ultrasound (ABUS) and diagnostic ultrasound. To schedule an exam at the Mission Breast Center, call (828) 213-9729. To learn more about Mission Cancer Care, visit mission-health.org/cancer.

Have a great Mission Health story to tell? Email us at MyHealthyLifeMagazine@msj.org.
Your health at your fingertips.

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- View laboratory & imaging results
- Communicate with your provider & care team

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A Caring Partner at Home

When Florence was unable to live independently, her daughter Marcy became her round-the-clock caregiver. When her medical needs became too much for one person to handle, the compassionate team at CarePartners Hospice ensured that both Florence and Marcy’s physical, social and spiritual needs were being met.

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- Skin conditions including eczema

mission-health.org/virtualclinic

* Strep throat and some flu consultations require a visit to a local clinic where a rapid test is performed to confirm diagnosis.

No fee if we are unable to offer a treatment plan