My Healthy Life

Be well. Get well. Stay well.

Smoothies
Make the Most of Them

Fall
in Love with Your Best Self

Beating Lung Cancer with Early Detection

Plus
Ovarian cancer Q+A
Brain health
Choosing hospice
Tame your bladder

Smart Injury Prevention
We’ve personalized your online experience

- Manage your health
- Find a walk-in clinic near you
- Find the doctor you prefer

and more on the all-new missionhealth.org
Fall 2018

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A Healthy Fall, a Healthy Community

Our region is known for active, outdoor living. But thanks to the many innovative resources and world-class services Mission has to offer our community, we’re also an area where lifelong health is a priority.

On the pages of this issue of My Healthy Life, learn more about heart monitoring technology that reduces hospital admissions, page 14; childhood cancer treatments that are helping kids beat the odds, page 16; ground-breaking new breast cancer detection, page 25; CyberKnife therapy for lung cancer, page 27; and leading-edge UroNav technology for the treatment of prostate cancer, page 28.

As always, we also have plenty of wellness advice for the whole family. You can learn about the benefits of primary care from Dr. Laila Awny on page 4, and find a delicious recipe for cooking autumn produce on page 9. You can also read a nutritionist’s overview of smoothies, page 10; learn brain-health strategies, page 11; pick up injury-prevention tips, page 18; and find out how to help your baby sleep more safely and soundly, page 20.

Patients who are recovering from injuries or managing chronic illnesses will also find many resources on our pages. On page 6, you can learn more about our regionally renowned Highlands-Cashiers cardiac rehab program. You can also read about Camp Bluebird, a special retreat for cancer survivors, page 12; the comforting care offered at Brevard Cancer and Infusion Center, page 22; tips for overcoming an overactive bladder, page 23; and must-know ovarian cancer Q&A, page 24. Don’t forget to turn to page 21 if you need advice on selecting a general surgeon.

With all of this information, and much more, we hope you have the knowledge and inspiration you need to be well, get well and stay well this fall!
November is Prematurity Awareness Month. Jill Whitfield’s story highlights how important it is to reduce premature birth rates and raise awareness of this serious and costly problem.

Most expectant moms have a birth plan — an idea about how her child’s birth will unfold. Nothing was further from Whitfield’s mind than being hospitalized at 22 weeks pregnant. The Whitfields hoped their twins wouldn’t need Mission’s Neonatal Intensive Care Unit (NICU), but both babies were whisked away just minutes after their birth 15 weeks early.

Nearly all premature infants (babies born prior to 37 weeks of pregnancy) require NICU services, along with full-term infants with other types of issues identified before or at birth, such as an infection or a birth defect. While some babies visit the NICU briefly to get strong enough to be reunited with mom, others stay a while with the specialized care team.

With her mind racing the first time she visited her newborns in the NICU, Whitfield recalls looking at the babies hooked up to machines and wondering, am I even allowed to touch them?

“The nurses helped us understand what we could do to help the twins — from feeding to kangaroo care,” said Whitfield.

One of the scariest times in the NICU was when baby Hudson needed to go back on the ventilator. It felt like many steps backward. “Gary, who was the twins’ respiratory therapist, pulled me aside and explained why this was needed. He comforted me with kindness and information, encouraging me to be there to hold Hudson’s hand. That was the care we all needed,” said Whitfield.

Jill Whitfield and Jessica Edwards are part of the NICU Family Advisory Council, a team of families and caregivers working to improve services and communications for families whose babies are in Mission’s NICU.

“Communication is key in the NICU when it comes to caring for our tiny patients and their families,” said Jessica Edwards, an outreach coordinator for the Family Support Network at Mission Children’s Hospital. “We want families to share their needs and desires so we can help them be part of the babies’ firsts.”

In the nearly 100 days the twins were in the NICU, the Whitfields became their babies’ advocates. They rounded with doctors, learning a new language to understand their babies’ condition and daily progress.

Mission Children’s Hospital cares for about 800 newborns each year in the NICU from counties across western North Carolina. To learn more about all the services at Mission Children’s Hospital, visit missionchildrens.org.
Ask the Doctor

Laila Awny, MD, internal medicine specialist at McDowell Internal Medicine, answers some questions about primary care providers and health screenings
At Mission Health and Mission Medical Associates, we’ve made choosing a primary care doctor or provider convenient for you and your family. Learn more at missionhealth.org/primarycare.

**Q** What is the role of a primary care provider?

A primary care provider, or PCP, is the main healthcare provider in charge of helping you maintain good health. Throughout our lives we will all face an acute health event, like a respiratory tract infection or a urinary tract infection. Therefore it’s advisable to have a primary care provider as a point person for coordinating your care. The primary care provider also provides preventive care and coordination of specialty care.

**Q** What does a patient need to know in selecting a primary care provider?

There are a lot of factors that go into determining whether a doctor is the right doctor for you. Since your primary care provider will be the point person on your care team, it’s critical that you feel comfortable discussing all of your health problems with him or her. It’s equally important that you trust your doctor’s judgment. In addition to comfort level and trustworthiness, your primary care provider should be someone who is available whenever you need him or her.

**Q** How does the primary care provider fit into a patient’s care team?

When people start to have several health issues, such as heart disease combined with diabetes and high blood pressure, they will need someone who can provide comprehensive management of the conditions and orchestrate specialty care when necessary. If a person is seeing a lot of specialists and subspecialists, it can be difficult for that patient to keep track of everything and ensure the different providers are communicating with one another. The primary care provider is the one who is in charge of coordinating the patient’s care and funneling all treatment regimens into a tailored plan that is specific to that patient.

**Q** How important are regular health screenings?

Your primary care provider is usually the doctor who conducts regular screenings of your health. Some screenings should be done at least annually for all patients; whereas some are done for certain age groups or health statuses. Screenings are extremely important in preventive care and early detection. For instance, the colon cancer screening has been leading to increased early detection and, thus, higher survival rates. Diabetes screenings, too, have been helping us detect prediabetes, so that we can offer patients health interventions before they develop diabetes. Other important screenings include those for cholesterol levels, blood pressure levels, lung cancer, breast cancer and skin cancer. Immunizations are also important to preventative health and are provided by primary care doctors on a schedule that best matches your age and health status.
Karen Chambers and her husband, Tim, live in Highlands, and the flight path for MAMA (Mountain Area Medical Airlift) crosses over their house. She and Tim had a habit of stopping their activities and saying a prayer every time they saw the helicopter flying over. “Whenever you see MAMA, you know someone somewhere is in trouble,” she said.

Karen never dreamed that one day she would be that someone in trouble and that, hopefully, others beneath her would be praying for her. But one day last December, she and MAMA had a fateful meeting.

Chambers was driving home from the water aerobics class she had been teaching when she started experiencing what she thought was bad indigestion. Once home, she tried every remedy she could think of to stop the heartburn, but the pain continued to get worse. Tim took her to the ER at Highlands-Cashiers Hospital, where she was diagnosed with a heart attack. From there, she was whisked to Mission on MAMA.

When Chambers got to Mission, she had a blood clot blockage removed and a stent inserted into her artery. Chambers credits MAMA, the emergency staff at Highlands-Cashiers Hospital and the able surgery team at Mission for saving her life and preventing additional damage to her heart. But for the next phase of her journey, she said the accolades go to the cardiac rehab team at Highlands-Cashiers.

**A Unique Program**

The cardiac rehabilitation program at Highlands-Cashiers offers multidisciplinary care to patients who are recovering from a serious cardiac event like a heart attack. The team includes a physical therapist, registered nurse and dietitian. It’s managed by Marion Macy, PT, MPT, who is a physical therapist.

Macy said that being run by a physical therapist is a large part of what makes the program unique. It allows the team to not only address the cardiac component of rehabilitation, but to also assess the body in detail and work around any other issues a patient may have. Macy said Chambers’ case was a prime example of that.

“In addition to her heart attack and surgery, which she was recovering from, Karen was also dealing with pain in her right shoulder,” said Macy. “I was able to apply my physical therapy skills and determine she had a rotator cuff problem. That’s something a physiologist probably would not have detected. But because we did, we were able to protect her right shoulder during rehab. Ultimately, she went to an orthopedist and found that she had a torn rotator cuff and had to have surgery. It was of great benefit to her that we were able to identify a problem, protect the issue during therapy and recommend she see a specialist.”

**Helping Patients Feel Better Than Ever**

In addition to uniquely evaluating and working with patients’ specific issues, the cardiac rehabilitation team at Highlands-Cashiers also works to improve patients’ cardiac health. The goal, said Macy, is not to get them to where they were before the heart attack, but to get them better than they were before.

“We’re not here to get someone back to their prior level of functioning,” said Macy. “We want to improve that; we want to make their quality of life even better.”

The program does this through lifestyle coaching that helps patients make better choices. “We want to show them how they can still enjoy life while also doing things that help them now and in the long run,” said Macy. “We want them to know at the end of their last session they’re not just graduating with a stronger heart; they’re graduating with the knowledge of how to live a better life and enjoy it.”

Nutrition is a huge component of this mission. A dietitian shows the patients how each small choice they make can add up to big changes, like lowered cholesterol and blood pressure levels. The patients are also taught what those levels mean and how to monitor them. “It’s patient education, patient education, patient education,” said Macy.

The cardiac rehabilitation program offers sessions two to three times a week, and, depending on the patient, can last up to 36 sessions.

Karen said she got a lot out of her time in the program. “I enjoyed the program and the staff,” she said. “I got my diploma, and everything.”

Now that she’s completed the rehab, Chambers is continuing to exercise at Health Tracks at the hospital three times a week. She said her life has changed so much over the past several months and it can still be hard to wrap her head around the fact that she had a heart attack.

All in all, though, Karen said she is grateful that she received the care she received at every step, from the emergency department to emergency transport to surgery to rehab: “From the bottom of my not-so-much-broken-anymore heart, I wish blessings to everyone who helped me!”
Health Tracks is your path to improved fitness and a healthier lifestyle. Even if you’ve never exercised before, or suffer from chronic health conditions that keep you from enjoying the activities you used to do, Health Tracks can improve the quality of your life through an integrated program of education, diet, stress reduction and monitored exercise.
**Fall Chicken Salad**

**ingredients**

For chicken:
- 1 lb cooked chicken breasts, diced*
- 2 apples, diced
- ¹/³ cup pecans, chopped
- ¹/³ cup dried cranberries (unsweetened if possible), roughly chopped
- 2-3 Tbsp chopped green onions

For dressing:
- ½ cup fat-free plain Greek yogurt
- 2 Tbsp light mayonnaise
- 1 Tbsp red wine vinegar
- 2½ tsp finely chopped rosemary
- 1 tsp Dijon mustard
- ½ tsp honey
- salt and freshly ground black pepper to taste

**preparation**

Add chicken, apples, pecans, green onions and cranberries to a large bowl. In a separate small bowl, whisk together Greek yogurt, light mayo, red wine vinegar, rosemary, mustard and honey, and then season with salt and pepper. Pour dressing over chicken mixture then toss to evenly coat. Serve over a salad or on whole grain bread for a sandwich.

*Can substitute 2 cups cooked chickpeas for a vegetarian option – mash with a fork to create texture.

**5 servings**

Estimated nutritional information (per serving):
- 231.5 calories; 9.6 g total fat; 1.3 g saturated fat; 58 mg cholesterol; 164 mg sodium; 12.6 g total carbohydrate; 1.8 g dietary fiber; 9.2 g sugars; 23.7 g protein
Roasted Autumn Vegetables

**ingredients**
- 1 lb Brussels sprouts (trimmed and halved)
- 1 large red onion, sliced
- 1 cup sliced mushrooms
- 1 tsp minced garlic
- 1 Tbsp olive oil
- 1 Tbsp fresh rosemary, chopped
- 1 Tbsp fresh sage, chopped
- ¼ tsp salt
- ½ tsp ground pepper
- 1 Tbsp balsamic vinegar

**preparation**
Preheat oven to 425 degrees F. Combine Brussels sprouts, mushrooms, onion, garlic, oil, rosemary, sage, salt and pepper in a large bowl. Spread on large rimmed baking sheet.

Roast for 15 minutes, stirring once or twice, until the vegetables are tender and crispy. Drizzle balsamic vinegar over vegetable mixture, stirring to coat. Roast for 5-10 more minutes.

**4 servings**

Estimated nutritional information (per serving): 63.7 calories; 3.6 g total fat; 0.5 g saturated fat; 0 mg cholesterol; 158 mg sodium; 6.8 g total carbohydrate; 2.5 g dietary fiber; 1.3 g sugars; 2.6 g protein

Sweet Potato and Black Bean Chili

**ingredients**
- 1 Tbsp olive oil
- 2 medium sweet potatoes, peeled and diced
- 1 large onion, diced
- 4 cloves garlic, minced
- 2 Tbsp chili powder, or to taste
- 1 Tbsp cumin
- ½ tsp ground chipotle chili pepper
- ½ tsp salt, or to taste
- 2½ cups water (can use half low-sodium vegetable broth for extra flavor)
- 2 15-oz cans black beans, rinsed
- 1 14-oz can diced tomatoes (can substitute 1 jar of salsa if needed)
- 1 tsp hot sauce
- ½ cup chopped fresh cilantro

**preparation**
In a large pot over medium heat, add oil and onions; cook until translucent for about 4-5 minutes. Add garlic and cook for 30 seconds until fragrant. Add sweet potato and spices (chili powder, cumin, chipotle chili pepper, salt). Cook for 3 more minutes.

Add tomatoes, black beans, hot sauce and water or vegetable broth, and bring to a boil on high heat. Lower heat to medium and simmer for 20-30 minutes until sweet potatoes are tender and soup has thickened. Add water as needed. Serve with fresh cilantro, lime juice or other toppings as desired.

*This recipe also works well in the slow cooker: add all ingredients to a slow cooker and cook on low for 8 hours.

**4 servings**

Nutrition information (per serving): 132 calories; 9.9 g fat; 346 mg sodium; 7.5 g carbohydrates; 5.2 g protein
The Truth about Smoothies
Are you doing more harm than good?
By Rachel Wyman

Health clubs, gyms and organic grocery stores sell them. Exercise infomercials promote them. Smoothie detoxes and cleanses are all over Pinterest. So what’s the truth about smoothies and their impact on weight loss? If you’re not careful, they can actually promote weight gain rather than weight loss. Here’s what you should know to have smoothies be an effective part of your weight-loss plan:

Avoid These Ingredients
Calorie-dense ingredients to use cautiously or avoid include nut/seed butters, plant oils like coconut or hemp oil, avocado, fruit juices, agave nectar, coconut milk, coconut water, flavored syrups, sherbet, frozen yogurt, granola and honey. These ingredients can turn a 150-200-calorie shake into a 400-500-calorie shake.

Portion Control
It’s also important to be mindful about portion sizes. Liquid calories can be easier to overconsume than solid-food calories. Liquid meals empty more rapidly out of the stomach than solid meals, and larger volumes of liquid calories empty faster compared with smaller volumes. Avoid the 44-ounce smoothie — it could be your entire day’s worth of calories, but leave you hungry again within 1-2 hours.

Retail Smoothie Stores
Two popular smoothie chains, Planet Smoothie and Smoothie King, sell a wide variety of options. Review the nutritional information on their websites to make an advanced informed choice. For example, at Smoothie King, the 20-ounce Hulk Strawberry smoothie contains 910 calories, 27 grams of fat and 127 grams of sugar compared to the 20-ounce Slim-N-Trim Strawberry smoothie, which contains 240 calories, 2 grams of fat and 38 grams of sugar. The former won’t help you reach your weight-loss goals, while the latter is a healthier choice.

Some local specialty/nonchain smoothie or juice cafes do not publish their nutritional information, so it can be difficult to know what you’re actually getting. Similarly to cooking at home versus eating out at restaurants, making your own smoothies can be a great way to control calories and nutrition.

Replace a Meal, Not a Drink
To avoid weight gain, a smoothie should replace a meal or snack, not a beverage. A smoothie prepared with quality ingredients — healthy high-fiber carbohydrates like berries and leafy greens, a lean protein source like fat-free Greek yogurt or silken tofu, and a healthy fat source like a teaspoon of chia or flax seed — can support weight loss when used to replace a skipped meal or high-calorie meal.

MHL | nutrition

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To learn more about Mission Weight Management and to sign up for a free information session, call 828-213-4100 or visit missionweight.org.
Your brain controls everything you think and do, from your heart rate to feeling heartbreak. While we can’t control genetic conditions affecting our brains, said Cristina Searcy, a nurse practitioner with Mission Neurology, we can make life choices that can improve our brain health in the long term:

1. **Sweat it out.** A healthy heart is able to pump oxygen everywhere (including the brain), and a healthy vascular system allows blood to flow more easily to all of your vital organs. Try to get in 30 minutes of moderate cardiovascular exercise daily.

2. **Get your ZZZs.** The body heals when we sleep, and this is when the brain also processes the day’s information. The average person needs 7-8 hours of sleep a night.

3. **Take time to relax.** While stress is unavoidable, what’s important is how we react and respond to it. Activities such as meditation, yoga and exercise are all stress relievers.

4. **Get your vitamins from healthy foods.** A varied diet is best, and vitamins are best absorbed in food, not a tablet.

5. **Food for thought.** No specific diet is best, but Searcy generally advises patients to follow a more Mediterranean diet, which is naturally higher in fruits, vegetables and healthy fats. She also suggests opting for leaner meats like chicken and fish.

6. **Great minds drink alike.** Staying well hydrated allows the body to better clear chemicals and cellular debris from the body, which helps to maintain optimal functioning.

7. **Higher learning.** The brain is always learning, and forming new pathways and connections. Studies show people with higher education can have delayed onset of dementia. Keep learning with puzzles and games like chess and sudoku (avoid video games), and stay socially engaged and active (Facebook and Instagram don’t count!).

8. **Weigh in.** Obesity is a risk factor for brain-pertinent conditions such as stroke, certain headaches and diabetes that can lead to neuropathy.

9. **Thank you for not smoking.** Smoking increases your risk for stroke, can make migraines worse and can increase risk for various cancers.

Sources: ThoughtCo., Brain Made Simple

**Mission Neurology** provides inpatient and outpatient neurology services, offering a wide spectrum of care to western North Carolina. Learn more at [missionhealth.org/neurology](http://missionhealth.org/neurology).

Cristina Searcy is a nurse practitioner with Mission Neurology.
Camp Bluebird
Celebrating 25 years of support for cancer survivors
By Carolyn Comeau

For many, the words “summer camp” conjure great memories, and Mission Health’s Camp Bluebird is no exception. What makes Camp Bluebird unique is the campers — and the life-changing experience they share: a diagnosis of cancer.

Sure, there’s tons of laughter, bonfires and even s’mores, but there are also reiki (healing touch therapy) sessions, Q&As with physicians and pharmacists, and special discussions on everything from healthy eating to fear of recurrence. Since Camp Bluebird’s laser focus is cancer survivors throughout the continuum, from the newly diagnosed to those experiencing end-stage disease, each exceptionally designed camp — conducted every spring and autumn — supports campers emotionally, physically and spiritually.

“Few things are more frightening, stressful and exhausting than dealing with a cancer diagnosis. We lighten that load however we can, and know relief means something different to each camper,” said 24-year Camp Director Leslie Verner, RN, with Mission Health’s SECU Cancer Center. “Camp Bluebird got its name because the bluebird symbolizes hope, and we strive to make camp a place where, for two nights and three days, adults experiencing cancer can feel safe, pampered and, most of all, understood.”

The retreat has long been sponsored by Mission Health and the AT&T Telecom Pioneers, a telecom industry volunteer network. Gibbs Cancer Center in Spartanburg, South Carolina, became a cosponsor just this year. The serene Bonclarken Conference Center, located in Flat Rock, North Carolina, offers a perfect “campsite,” with its comfortable lodging, tasty meals and sprawling multi-acre campus, complete with a pristine lake. More often than not, if one listens closely, they’ll hear a lively chorus of laughter ringing out across Bonclarken’s grounds.

Every camp is different, but all conform to a similar daily schedule. After brief morning devotional time, it’s time for breakfast, creative activities and small-group time. After lunch, therapy animals may visit, and campers might enjoy free time by working puzzles together or enjoying the fresh air from comfortable rocking chairs.

Campers, who typically balance a full schedule of medical appointments, are free agents at camp, and can choose to do as little or as much as they wish. Devoted volunteers are also essential to camp success, and Verner enthusiastically credits them. “Camp is what it is because of our amazing volunteers, who campers come to love deeply — oncology nurses, chaplains, integrative health staff, nurse navigators, social workers, our survivorship coordinator and our AT&T Telephone Pioneers,” she said.

This spring’s celebratory 25th anniversary Camp Bluebird offered many opportunities to create art, receive integrative care and recreate. Campers made healing mandalas, enjoyed Pilates classes, got lymphedema screenings, attended a photographic presentation on bluebirds, engaged in sewing crafts or river rock painting, visited sessions on nutrition and wellness, and joined in traditional camping pastimes, like horse shoes and corn toss.

Though many camp activities change up, some remain consistent: the opportunity to decorate a bluebird house, the touching Service of Remembrance honoring anyone lost to cancer, a themed costume party (always a blast) and a closing slideshow where campers who arrived as strangers, prepare to depart as friends.

The campers themselves are Camp Bluebird’s most powerful spokespeople. A Rutherfordton, North Carolina-based breast cancer survivor group — dubbed the “Pink Ladies” — describe camp as a sanity-saving combination of meaningful fellowship, all-out fun and validation. “I’ve never gotten this chance to share feelings and deeply bond — especially with people I’ve never met. We can be real here. I worry that hearing about my experience scares my family and friends. My fellow campers let me know it’s okay to remember what we’ve been through,” said Frieda Campfield.

Rena Ledbetter said, “I can’t tell you how good it is being around so many who have ‘been there.’ We’re blessed that Camp Bluebird exists!”

Helen White marvels that after completing four months of grueling chemotherapy, camp helped bring her energy back. She danced with abandon at the “Hollywood” party, complete with red carpet and mini-Oscars bestowed upon attendees.

“Who knew surviving cancer could be so much fun?” she asked, a mix of surprise and delight lingering in her voice.

Brenda Reynolds noted that, “Survivors are often expected to quickly be ‘back to normal’ by friends and family, but we live with a new normal. I always get new strength from these wonderful people.”

Interestingly, White’s and Reynolds’ statements are quite different, but not contradictory. Each illustrates that camp provides a rare opportunity to make room for the yin and yang of emotions most campers describe experiencing. Camp Bluebird’s special mix of equal parts depth and lightheartedness serves as a healing balm for the grief, confusion and anger that often affect those who receive a cancer diagnosis, and a hopeful camaraderie develops among campers through the power of the shared experience.

Denise Steuber, longtime camp counselor and Mission Cancer Survivorship Program Coordinator, gives her take on the camp’s important role: “When you think about it, Camp Bluebird is a symbol of survivorship. One of our main goals is to show our campers there is life after the diagnosis of cancer. We teach and give them the tools to cope and grow with their survivorship, along with learning how to ‘play’ again.”

Joy is possible after cancer, and Camp Bluebird ensures that patients and survivors reclaim it.

828-213-1111
Camp Bluebird

Established in 1993, Camp Bluebird is a two-night, three-day retreat held each spring and fall for adult cancer survivors to receive support, encouragement and information from each other, as well as from cancer care professionals. The retreat is held at the beautiful Bonclarken Conference Center near Flat Rock, North Carolina. To request more information about Camp Bluebird, call Leslie Verner, RN, at 828-213-2003.
Home Base for Heart Monitoring

Technology helps keep heart failure patients out of the hospital

By Jennifer Sellers
Western North Carolina is known for its long and winding roads. And while the scenic journeys add to the charm of our region, they can be a hindrance for those who need to travel for medical care. Anne Buchanan of Morganton knows this firsthand. The 77 year old frequently traveled to Mission Hospital in Asheville for medical appointments and hospital admissions due to her congestive heart failure. Now, thanks to pioneering technology offered through Mission’s Heart Failure Program, Buchanan is making that drive a lot less frequently.

Remote Monitoring
The system that has helped reduce Buchanan’s need for in-person medical care is known as CardioMEMSTM, a technology introduced by Abbott Laboratories. It allows doctors and nurses at Mission’s Heart Failure Program to monitor patients remotely through a wireless connection to an implanted device. CardioMEMSTM is the only FDA-approved heart-failure monitoring system clinically proven to reduce hospital admissions.

“The CardioMEMSTM technology includes a small sensor that’s placed into the pulmonary artery,” said Benjamin Trichon, MD, medical director of the Heart Failure Program. “That sensor is capable of transmitting real-time information about pressures in the heart and lungs on a day-to-day basis. With the capability to track these pressures remotely on a regular basis, we can examine trends and more accurately predict when patients will worsen and possibly require emergency care or admission to the hospital.”

The sensor works in coordination with a specially designed pillow that activates a wireless signal that sends the patient’s pressure readings to a secure website monitored by Dr. Trichon and his staff. Buchanan was the first Mission Health patient to start using the system, and she has been very happy with it.

“I’ve been using it for about two and a half years now,” Buchanan said. “Every morning, I get up and turn the machine on and lie on the pillow. The machine kind of talks to me and lets me know if I’m in the right position and how long to stay there. Then it just sends the readings right on to the Heart Failure advanced practitioners.”

If Buchanan’s readings indicate an issue, heart failure nurses will call and consult with her by phone. They will typically recommend that she make certain adjustments to her medications. If the readings are really abnormal, they will suggest she come to Asheville to get checked.

“It’s such a value to patients in western North Carolina for us to have this safe and novel technology,” said Dr. Trichon. “It makes the monitoring and tracking of remote patients so much easier because all they have to do is lie on their pillow. From there, all the pressure information is transmitted to us, and we can manage things over the phone.”

Fewer Admissions
Buchanan said that even though she occasionally still has to travel to Asheville, it’s much less frequent than before. And most importantly, the visits are usually checkups. In the past they were, more often than not, hospital admissions.

“It has cut down on my trips to Asheville tremendously — and my hospital stays especially,” Buchanan said. “Before I got the CardioMEMSTM, I was in the hospital every six to eight weeks with my heart.”

In the past, Buchanan dealt with a lot of fluid buildup in her lungs and also had to have numerous cardiac ablations. An ablation is an energy-based procedure that helps patients with atrial fibrillation (AFib) get their hearts back in rhythm.

Buchanan said that she would often leave the hospital after an ablation, and her heart would be out of rhythm again before she got down the mountain. It was because she had so many of these difficulties that the Heart Failure Program doctors thought she was the ideal candidate for the CardioMEMSTM.

The reason the CardioMEMSTM is so good at reducing hospital admissions is that it helps identify problems in patients before they get to the point where they need hospitalization.

“Typically, when a heart failure patient is admitted to the hospital, it’s due to congestion and fluid buildup that manifests as shortness of breath, swelling and rapid weight gain,” explained Dr. Trichon. “However, the pressures in the heart and lungs rise well before symptoms develop. When we make treatment adjustments purely on symptoms alone, it is often too late to avoid hospitalization or emergency care.”

“By having that pressure data, we can act more proactively upstream before the development of those symptoms, and we can adjust the patient’s medications to reduce the likelihood of hospital admission,” said Dr. Trichon.

“They let me know before I get in trouble,” said Buchanan. “This gives me peace of mind that if anything goes wrong either way, up or down, I’m going to hear from them.”

Improved Quality of Life
Thanks to the CardioMEMSTM, Buchanan, who was once in the hospital almost every other month, has been able to avoid an admission since November. Her checkups have reduced, too, which has cut back on her hour-long (each way) drive to Mission.

However, the monitoring and resulting medication adjustments have provided Buchanan with more than just reduced hospital admissions; the system has also improved her overall health and well-being. For instance, she was recently able to go off her oxygen therapy during daytime hours because her readings have improved so much.

“It has helped me maintain a better life,” said Buchanan. “I’m thankful every day for the machine and for the doctors and nurses who work with me in managing my health.”

For more than 40 years, Mission Heart has been a regional leader in cardiothoracic surgery and heart care. Committed to high quality and superior outcomes, our award-winning team maintains years of specialized clinical experience and is dedicated to caring for patients with skill and compassion. For more information about Mission Heart, call 828-274-6000 or visit missionhealth.org/heart.

Benjamin Trichon, MD, is the medical director of the Heart Failure Program at Mission Health.
Charlie Johnston joined the ranks of these unenviable statistical groups on August 3, 2015, when oncologists at Mission Children’s Hospital in Asheville diagnosed the then-15-year-old with acute lymphoblastic leukemia (ALL). To further complicate matters, Johnston tested positive for the Philadelphia chromosome, a rare condition that occurs in less than 5 percent of pediatric patients with ALL and requires more intensive treatment to cure.

“It was shocking,” said Cindy Johnston, recounting the moment she learned of her son’s diagnosis. “When we first got the news, I just zoned out— I couldn’t believe it.”

That familiar refrain is uttered frequently when someone learns they or a loved one has cancer, and even more so when a child receives the news. After all, how could a young person who hasn’t even begun to truly experience life be dealt such a life-altering blow as cancer?

It’s a fair question, but it’s one with no comforting answer. That’s because cancer doesn’t discriminate. Young or old, black or white, rich or poor—it doesn’t matter. The dreaded six-letter word that kills more than 8 million people worldwide each year doesn’t recognize age groups, ethnic divisions, socioeconomic classes or geographic boundaries. All this disease, in whatever form it manifests itself, understands is how to destroy healthy cells throughout the human body.

According to Cindy, the battle being waged within Charlie’s body when he was admitted to the hospital in August 2015 was intense. After weeks of being misdiagnosed by doctors at an urgent care center for a fever he couldn’t shake, a physician visiting from a nearby facility ordered a blood panel, and then directed Cindy to immediately take Charlie to the hospital. He was admitted, more blood work was performed, and she soon received the news that would paralyze any parent. “When we got up there, he was in pretty bad shape,” she said. “If we hadn’t gotten him up there that day, he probably wouldn’t have made it.”

Fortunately, Charlie — like all children in areas of western North Carolina served by Mission Children’s Hospital — had access to Mission Children’s Pediatric Hematology/Oncology clinic located at Mission’s SECU Cancer Center. This multifaceted team includes three board-certified physicians, two specialized nurse practitioners, experienced pediatric oncology nurses, pediatric pharmacists, two social workers and a child life specialist, all of whom are dedicated to helping patients and their families “fight like a kid.”

“We aim to provide exceptional, state-of-the-art care for the kids while engaging the entire family,” said Ginna Priola, MD, a pediatric hematologist/oncologist with Mission Children’s Hospital. “Cancer doesn’t just affect the child — it affects the patient’s entire social circle, from an emotional, physical and social standpoint. And, of course, there are the economic strains that it can put on a family.”

Treatment, in Charlie’s case, started in August 2015 and saw him enter remission by September; however, he had to continue chemotherapy, which included 24 spinal taps in addition to intravenous injections, until this past May to ensure all the cancer was killed. During the three-year journey, he choked down hundreds of pills, spent countless nights in the hospital, endured some seizures and intestinal swelling caused by reactions to the medications and, unfortunately, experienced the passing of several younger friends he’d made along the way who were fighting similar battles.

Therein lies what may be the most painful wound that cancer inflicts upon its young victims: the loss of childhood innocence, as they’re forced to cope with a dizzying range of emotions and stark realities most others their age can’t comprehend.

“It was kind of disappointing, knowing that it would affect my life,” said Charlie, seemingly underplaying the magnitude of learning of his diagnosis. “I had to drop out of school, stay out of public places to prevent being sick and it got to where I couldn’t do ‘hard’ stuff — a lot of times, I could barely walk.”
Still, Charlie soldiered on, encouraging those around him and providing inspiration for his family and friends. On the days when he had the strength, he fished and did anything he could to be outdoors. Other times, when the weather wasn’t cooperating or his blood counts were off, Charlie tended to his coin collection, a hobby he picked up to help pass the time during his recovery that has since turned into a passion. Through it all, he remained positive and developed bonds with his nurses and other caregivers, and strengthened the one between him and his middle sister.

These days, Charlie is cancer free. In late May, he had his chemo port removed, and a few days later, he graduated high school, on time and with his friends. In June, Charlie turned 18 and soon after, began taking classes at Asheville-Buncombe Technical Community College with the hopes of eventually entering law enforcement. In his free time, he fishes, bowls, hikes — whatever he can to “get out and have fun, and avoid being cooped up.”

As much as life has returned to “normal” for Charlie, he realizes his is forever changed. For the next 12 months, he’ll have monthly appointments to have his blood checked. The checkups will be reduced to once every two months in the second year, before eventually decreasing to annual appointments after being cancer free for five years. Even with clean bills of health, Charlie will remain on oral medication for the rest of his life.

Even so, it’s outcomes like these that drive Dr. Priola and her colleagues, as well as most providers who’ve chosen to make caring for pediatric cancer patients their life’s work. “If you ask anyone in the field, the kids make it worth it — they’re so resilient in every phase of this journey,” she said. “They’re the ones who keep us smiling.

“Our pie in the sky is to never have to say ‘cancer’ in front of a parent or child again,” Dr. Priola said. “It’s a lofty goal, but every one of us have that goal when we enter this field. That’s what keeps us going.”

What is the outlook for children with cancer?

The overall outlook for children with cancer has improved. In 1975, just over 50 percent of children diagnosed with cancer before age 20 years survived at least 5 years. In 2007-2013, 83 percent of children diagnosed with cancer before age 20 years survived at least 5 years.

—National Cancer Institute

To learn more about the pediatric cancer services at Mission Children’s Hospital, visit missionchildrens.org.

Ginna Priola, MD, is a pediatric hematologist/oncologist with Mission Children’s Hospital.
Stay in the Game

Smart habits for injury prevention and lifelong health

By Thomas Starnes, MD
A broken bone or an injured joint while doing something you love can be painful and set you back for a while. Though not always preventable, there are things you can do that will not only reduce your risk for such injuries, but actually enhance your overall health and well-being. With time and commitment, you can live your best life longer.

**Flexibility**
Foam rolling prior to stretching helps to increase the mobility of muscle fibers as well as increasing blood flow, temperature and the viscoelastic nature of the muscle. This helps to loosen restrictions and adhesions, and is a helpful tool to determine problem areas and asymmetries, which you can focus on when you stretch. By working on flexibility you reduce the risk of injury and help to ensure that your muscles are functioning properly.

**Nutrition**
Calories should be coming from quality, nutrient-dense foods. Carbohydrates should come from whole grains, fruits and vegetables. Protein should be eaten throughout the day coming from fish, poultry, meat, eggs and beans to name a few. Fats such as oils, butters, nuts and fish are important to consume to have their anti-inflammatory effect. Calcium and vitamin D are crucial to help maintain bone density. Foods rich in calcium are collard greens, spinach and dairy. Foods rich in vitamin D are fatty fish, cheese, egg yolks and orange juice. Natural sunlight is also a good source of vitamin D.

**Strength**
Maintaining muscle mass and preventing muscle loss is crucial for the older athlete. Strength and resistance training is the first line of defense to prevent and reverse the loss of muscle; in addition, strength training can help with non-orthopedic medical conditions such as diabetes. Preserving muscle helps the body better handle the forces of impact activities like running and activities of daily living. Adequate muscle also stabilizes stride form and running cadence, which helps to keep the body in its natural movement rhythm.

**Variety**
Mix it up. Working on strength, speed, endurance, range of motion, proprioception and neuromuscular coordination will help to achieve all of the components of fitness. Incorporating an assortment of exercises will help to prevent burnout and boredom while working toward overall health. Different muscle groups and exercises can be rotated in on alternating days to provide adequate rest and to help minimize muscle soreness. Finding something you enjoy will help keep you motivated without feeling like exercising is a burden. Having an open mind and trying new things can help you discover many new forms of exercise.

**Hydration**
Electrolyte balance and proper nutrition are crucial to help your body function properly. For best practice, make sure you take in plenty of water throughout the day leading up to the athletic event or intensive activity. Also, consuming a wide variety of fruits, vegetables, starches and proteins will help fuel your exercise and allow for ideal recovery.

**Positivity**
Adopt a positive mindset. Find new races, exercise classes or events in your area in which to participate. New friendships and interests are gained by trying new things and getting involved in the fitness community. Set goals to help you stay determined and motivated along the way. Celebrate your milestones and achievements along the way. Be patient with your body and listen to its feedback.

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missionhealth.org/orthopedics
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Thomas Starnes, MD, is a primary care sports medicine physician with Asheville Orthopaedic Associates at Mission Orthopedics and Spine of Hendersonville.
New parents would do almost anything to keep their baby safe. While experts don’t know the exact cause of sudden infant death syndrome (SIDS), some steps can decrease babies’ risks, according to Melissa Woodbury, MSN, RNC-MNN, CMSRN, nursing professional development educator with Mission Hospital. Woodbury advises taking these steps for your baby’s safe sleep:

1. **Create a safe sleep environment.** Use a firm sleep surface, such as a mattress, in a safety-approved crib covered by a fitted sheet. Avoid soft bedding like bumper pads, soft toys, blankets or pillows. Dress your baby in sleep clothing such as a one piece sleeper or wearable blanket (also known as a sleep sack). Do not use loose blankets. Since second-hand smoke increases babies’ risks of SIDS, create a smoke-free home to round out the safe sleep space.

2. **Room share; do not bed share.** Place your baby’s crib next to your bed. Baby should not sleep in an adult bed, on a couch or on a chair alone, with you or with anyone else. Pillows, blankets or rolling over can put your baby at risk for harm.

3. **Back to sleep!** Whether nap time or night time, place baby on her back for sleep. This is the safest position.

4. **Breastfeed your baby.** Breastfeeding has health benefits for moms and babies. Babies who are breastfed or only fed breast milk are at a lower risk for SIDS than babies who are never fed breast milk. Benefits increase the longer babies receive breast milk.

5. **Teach your care team.** Pass on safe sleep tips to anyone who will be caring for your baby such as grandparents, sitters, family and friends.

**Signs your baby is ready for the crib**

- **Age** — Most babies are ready to move between 3 to 6 months.
- **Weight** — Check bassinet manufacturer’s weight limits to find when a move is recommended.
- **Length** — If baby looks cramped, it may be time to move to a crib.
- **Rolling over** — Most bassinets are not stable enough for babies who roll or sit up.

To register for childbirth and parenting classes, visit [missionhealth.org/womens](http://missionhealth.org/womens).

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By Cheri Hinshelwood
Keeping Close to Home
3 reasons you may need to see a general surgeon

By Lindsey Grossman

For heart disease, you see a cardiovascular surgeon. For brain surgery, you see a neurosurgeon. But when do you need a general surgeon? Even by the title, a general surgeon’s job isn’t entirely clear.

Marco Chavarria, MD, of Pisgah Surgical Associates in Brevard, a service of Transylvania Regional Hospital, sheds some light on common reasons you might need a general surgeon, and how he’s helping to make it easier for certain patients to do so.

According to Dr. Chavarria, general surgery procedures vary depending on the needs of your specific region. They especially differ between metropolitan and rural areas due to the different types (and number) of specialists available in a given location.

Dr. Chavarria is working on a pilot program that offers screening colonoscopy and upper endoscopy in Brevard, Highlands and Cashiers. The program, which started in February, is getting great reception from the primary care physicians out there and patients who no longer have to travel an hour or more to receive routine and/or possibly lifesaving healthcare.

Here are three areas of expertise offered by general surgeons in our region:

1. **Cancer surgery.** General surgeons are trained to handle certain cancer surgeries such as breast cancer, colon cancer and even gastric cancer. Something like pancreatic cancer would be deferred to an oncological surgeon.

2. **Screening endoscopy and colonoscopy.** Endoscopies are procedures that use an endoscope — a long, flexible tube with a tiny camera attached at the end — to screen, examine and treat conditions related to areas such as the colon and upper digestive tract.

3. **Laparoscopic surgery.** This minimally invasive procedure uses smaller cuts than you would think, often leading to a faster recovery. Laparoscopic procedures include diagnostic surgery, appendectomy and Dr. Chavarria’s most common procedures: hernia repairs and gall bladder removals.

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**Colonoscopies What You Need to Know**

- The American Cancer Society recommends people at average risk start screening for colorectal cancer at age 45.
- People with higher risk (possibly because of another condition or a family history) should work with a doctor to develop a more individualized screening plan.
- 90% of new cases occur in people over 50.
- Over 60% of colorectal cancer deaths could be avoided with a screening.

Source: fightcolorectalcancer.org

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Talk to your primary care provider about the different surgery options available for your condition. For more information about surgery services at Mission Health, visit missionhealth.org/surgery.
When it comes to breast cancer, Wanda Roy’s journey hasn’t been an easy one. Yet in her journey, she’s found high quality care and support from the team at the Brevard Cancer and Infusion Center (BCIC). Roy has been receiving cancer treatments there for stage IV breast cancer for more than three years. “It’s been longer than they thought it would be,” she said. “I don’t think I’ll ever not be taking chemo.”

“Wanda has been through many challenges with her diagnosis including surgery, radiation and chemotherapy,” said Mary Carson, RN, OCN, Manager of Brevard Cancer and Infusion Center. “She continues in current treatment and is determined to live with cancer, not let it control or define how she lives her life.”

Initially after being diagnosed with breast cancer, Roy was given little hope by physicians she saw in another city. “From the beginning, I was told there was nothing they could do, they could prolong but make no promises, and what was the use...that was my interpretation,” she said. At her daughter’s suggestion, she visited Shantae L. Lucas, MD, at BCIC. “I love all of them, I love the nurses and Dr. Lucas — she’s very personable,” said Roy. “The staff is encouraging, they’re more positive. I’m treated like a person.”

“Roy is beloved by the entire BCIC team,” said Carson. “She has a bubbly, positive attitude and outlook, is intelligent and a wonderful role model of how to face challenges head-on. Wanda is astute, involved in her treatment decisions and engaged in her care. She has proved time and time again what a strong, courageous woman she is, and we want to do everything we can to support her in achieving her goals.”

As her journey continues, Roy’s positive outlook is inescapable: “While I don’t recommend having to go through this, if you find yourself in this position and you have to get treatment — why not go somewhere where people make you feel comfortable?”

“Not to sound cliché but, Wanda’s an inspiration every time she walks through the door,” said Carson. “Wanda has cancer, but cancer doesn’t have her!”
Nobody should know the location of every bathroom in western North Carolina, but some do. Opening the door or simply driving into the garage can trigger an uncontrollable urge to urinate. Learn how to reclaim your life from some leading urology experts.

What is overactive bladder? According to Brian Cohen, MD, urologist with Mission Urology, overactive bladder plagues people about seven years before they seek care. The condition is known by its symptoms of frequent urination or a sudden urge to urinate and not being able to get there.

What causes it? A myth about overactive bladder is that it’s a natural part of aging. “While we don’t know why it starts, symptoms often increase with stress or the anxiety associated with a potential leakage, furthering negative voiding patterns,” said Nancy Howden, MD, urogynecologist with Western Carolina Women’s Specialty Center, an affiliate of Mission Health. It almost becomes a habit.

How are people affected? “It can be incredibly limiting,” said James Theofrastous, MD, urogynecologist with Western Carolina Women’s Specialty Center, an affiliate of Mission Health. People stop going to church or supper with friends. Some who fear or are embarrassed by accidents suffer from isolation, depression and anxiety. Intimacy can be difficult, skin becomes irritated from being wet and it’s very costly. Some patients even fall or get hurt rushing to the bathroom, said Dr. Theofrastous.

Who is at risk? “Everyone with a bladder is at risk,” said Dr. Theofrastous. More women than men have the condition, with about 50 to 70 percent of postmenopausal women affected. While it occurs more in older people, it’s not a normal part of aging.

What should you do? Dr. Cohen urges patients to first talk with their doctor, who can prescribe medications, refer them to a pelvic floor physical therapist for urge control and help them make other lifestyle changes.

How is it treated? “One of the first things I suggest is a voiding schedule to reestablish healthy patterns of every 2-3 hours,” said Dr. Howden. A food and bladder diary provides insight into triggers such as caffeine or alcohol so patients can make better lifestyle choices. “Pelvic floor physical therapy should be a cornerstone of all treatment,” said Dr. Howden. Other options include medicine, Botox in the bladder and procedural interventions such as neuromodulation.
Ovarian Cancer Q&A

Ashley Case, MD, answers questions about this silent killer

By Lindsey Grossman

Q: Who is at risk for ovarian cancer?
A: Ovarian cancer is the second most common gynecologic cancer, and all women are at risk. Women at highest risk may have a personal or family history of breast, colon or ovarian cancer, are older, have not had children, have had endometriosis or are obese.

Q: What are the symptoms?
A: Symptoms may be vague and are often attributed to another process. However, studies have found that symptoms do occur in many women even at early stages. These symptoms may include bloating, urinary urgency or frequency, difficulty eating or feeling full quickly, bowel dysfunction and pelvic or abdominal pain. These symptoms may also be caused by gastrointestinal, urologic or other conditions.

Q: At what point should you contact your doctor?
A: Symptoms that persist or represent a change from normal are most concerning. Women who have these symptoms daily for more than a few weeks should see their doctor. Prompt medical attention may lead to diagnosis at an earlier stage, which is associated with an improved prognosis.

If ovarian cancer is suspected, consult a specialist. A gynecologic oncologist specializes in the diagnosis and treatment of women with cancer of the reproductive organs. If ovarian, breast, uterine or colon cancer runs in your family, tell your doctor. You may be at increased risk for developing these cancers and there may be testing or risk reduction strategies to explore.

Q: What types of treatments are available?
A: Treatment involves surgery by a gynecologic oncologist, often followed by chemotherapy. Intraperitoneal chemotherapy (in the abdomen) is utilized in some patients. Hormonal treatment, biologic drugs and immunotherapy may also be utilized at some point during treatment.

Q: Is there anything you can do to prevent ovarian cancer?
A: We urge women to LEARN, LISTEN, ACT: LEARN the symptoms and risks of ovarian cancer. Take note of your family history and seek genetic testing if appropriate. LISTEN to your body for symptoms associated with ovarian cancer. ACT to seek care; if a gynecologic cancer is suspected or diagnosed, seek care first from a gynecologic oncologist.

Did You Know?
- In 2018, an estimated 22,240 women will receive an ovarian cancer diagnosis
- About 14,070 will die from ovarian cancer
- Ovarian cancer ranks 5th in cancer deaths among women
- 1 in 78 women will get ovarian cancer in her lifetime
- 1 in 108 women will die from ovarian cancer
- About half of the women diagnosed are 63 or older
- It is more common in white women than in African American women

Source: American Cancer Society

Need a gynecologist? To find one near you, visit missionhealth.org/womens.

Ashley Case, MD, is a gynecologic oncologist with Hope Women’s Cancer Center.
Less Stress for Breast Surgeries

Radio waves help surgeons pinpoint cancerous tumors

By Cheri Hinshelwood

Just hearing “you have breast cancer” can send any woman’s mind racing. For many of the 266,000 women diagnosed each year with invasive breast cancer, the stress doesn’t stop there.

Surgery day often means two procedures. Traditionally, a wire is placed in a woman’s breast at an imaging center on the day of surgery. With the wire protruding from her breast, a woman then travels to the hospital for surgery, sometimes hours later. Doctors use the wire to find the tumor to be removed.

“Now we are taking one stress away on a very stressful day,” said Blair Harkness, MD, gynecological oncologist with HOPE Women’s Cancer Centers, an affiliate of Mission Health, who is using the Savi Scout® as a new way to pinpoint the exact location of breast tumors. “Most of my patients find the wire placement uncomfortable and stressful on the day of surgery.”

How it Works
Before the day of surgery, a tiny, rice-size marker called a reflector is placed in the breast to mark the tumor. It’s forgotten until the day of surgery. Once in the operating room, doctors use a hand-held system that transmits harmless radio waves to find the tiny marker and the tumor. “My patients don’t even notice the reflector once it’s placed,” said Dr. Harkness.

Who’s Eligible?
Since most breast cancers are found early with mammography, this option is available to most women. Doctors at Mission are using this new technology now.

Less Stress
“We can finally offer our patients a more convenient option that seems to ease some of their concerns,” said Dr. Harkness. While it doesn’t happen often, there’s a small chance the traditional wire could be moved slightly before surgery.

“My patients who have had both types of surgeries prefer Savi Scout,” said Dr. Harkness. 

For more information about Savi Scout and other breast surgery options, call 828-670-8403 or visit missionhealth.org/imaging.
Choosing the Hospice Path
Caring for the whole family

By Michael Parmer, DO, CPE, FAAHPM

As the Medical Director for post-acute and palliative care services at CarePartners Hospice, the most common responses I hear from patients and families when I bring up the topic of hospice care is “Not yet” or “I am not ready for that.” This is a barrier to the best quality of life available for many people. A few thoughts to consider are:

Choosing hospice early improves life for most people. The change of focus from a “disease and cure” model to a “living your life” focus through aggressive symptom control has actually demonstrated in many disease processes to lengthen life as well as improve the quality. Some studies show that some people with end-stage disease can live 29-60 days longer with early enrollment in hospice care.

Hospice goals are your goals. The special design of hospice care is to help patients and families to make the most of the remaining time of life that we think we have. Through controlling symptoms that stop you from doing the things you want, hospice allows you to be more active and comfortable. I describe it as, “I don’t know how long or where this path will take you, but we (the hospice staff) will walk it with you.”

The path can change. Many people believe that once you are in hospice you “give up” in many ways. The medical care you receive is no longer focused on cure of disease but on helping you to feel better by addressing symptoms and conditions that compromise your quality of life. If you change your mind and want to go back to aggressive treatment, you can always revoke the hospice benefit and engage curative care again. It is rare to have this happen, but occasionally people will.

Hospice care is for the whole family. This is a very difficult time for patients facing the end of life and also family members facing the loss of a loved one. Through the multidisciplinary approach of using doctors, nurses, social workers, spiritual counselors, bereavement counselors, pharmacists, dieticians, music therapy and many different supportive care options, a program is put together to meet the family unit wherever they are on this path and help navigate the difficult care decisions and communication challenges that happen in this changing situation.

The take-home message is that “getting ready” for hospice earlier can be a great gift to people when aggressive, curative medical care is no longer delivering on the promise of a cure. The time comes for us all to change the focus from cure to care and make the end-of-life process that we all will go through (no exceptions) a life-completing and affirming event instead of a medically driven and controlled process. Choose hospice earlier to take control of what you want the end-of-life process to look like.
For Asheville resident Linda Barnes, early detection of her lung cancer has been life-changing. “I just cannot say enough about early detection,” said Barnes. “I tell everyone I know about the importance of it.”

“Lung cancer is the deadliest cancer in the United States in men and women, so early detection is critical,” said John F. Ende, MD, a radiologist with Asheville Radiology Associates and the Co-Director of Body Imaging for Mission Health. “It kills more patients than breast cancer, prostate cancer and colon cancer combined.”

Many patients don’t experience symptoms of lung cancer until the disease progresses to stage III or IV. Dr. Ende recommends patients ages 55-77 with a 30-pack-a-year history of smoking who are still smoking or quit within the past 15 years be screened with an annual low-dose CT scan. “Patients who think they may be at risk for lung cancer should discuss screening with their doctor,” said Dr. Ende.

As a smoker, Barnes was at high-risk for lung cancer and received annual low-dose CT scans. Although she didn’t have symptoms, last winter her scan revealed an area in her lower left lung that was later diagnosed as stage I lung cancer. With early detection, she was able to undergo treatment via CyberKnife. “CyberKnife provides focused radiation therapy to kill the cancer but minimize damage to adjacent normal tissues,” said Dr. Ende.

An outpatient procedure that typically has limited side effects, CyberKnife treatment was a great option for Barnes, explains oncology nurse navigator Carol Logan-Thompson, RN, MSN. “It offers comparable local control rates to surgery and very few symptoms afterward,” said Logan-Thompson.

“It was like being in a science-fiction movie,” said Barnes, about the procedure. “It’s like being in the bottom of a canoe, and you have to lay very still.” After four treatments, Barnes’ follow-up CT scan revealed the tumor had completely disappeared. “I don’t have lung cancer right now,” she said, happily.

“Linda is very active, and the benefits of the CyberKnife treatment are the low side effect profile and ability to maintain an active lifestyle,” said Logan-Thompson.

As part of her treatment, Barnes will receive scans every six months for the next five years to monitor her health.
Next Generation Prostate Care
Leading-edge UroNav technology offers a less-invasive procedure

With the exception of nonmelanoma skin cancer, prostate cancer is the most common cancer among American men. Today, with the addition of its new UroNav technology, Mission Health offers some of the most advanced screening and diagnostic tools available.

“We are one of the few in western North Carolina with this technology,” said Matthew Young, MD, MBA, Chief of Urology with Mission Urology. “It’s the leading edge of prostate cancer diagnostics and what’s used at major cancer centers. We are the only system in western North Carolina with this comprehensive set of tools in place.”

Bringing the power of MRI to urology, the new MRI/US fusion biopsy system increases the accuracy of diagnosis while offering a less-invasive procedure. “The real benefit is it allows more accurate evaluation of a patient’s prostate and helps some patients avoid a more invasive biopsy,” said Young.

“Historically, prostate cancer has been diagnosed by blind TRUS (transrectal ultrasound-guided biopsies) — blind meaning that we are not targeting suspicious areas. Instead, random biopsies are taken with the hope of detecting malignancy,” said Mehul Bhakta, MD, Co-director of Abdominal Imaging with Asheville Radiology Associates. “No other cancer is currently detected this way. For all other cancers, imaging is used to identify suspicious abnormalities and then a targeted biopsy is performed.”

Replacing this more random method of biopsies, the UroNav device is used in conjunction with Dynacad software to mark the margins of a prostate lesion directly on an MRI image. “The system then creates a 3D map of the prostate including where the suspicious lesion is located,” said Dr. Bhakta. Using these images creates a more targeted biopsy, significantly improving the detection of prostate malignancy.

“We are currently in a paradigm shift as far as prostate cancer detection is concerned,” said Dr. Bhakta. “Prostate MRI and MRI/US fusion biopsies are a big leap forward in this regard as they allow us to detect clinically significant cancers and then perform more targeted biopsies.”

For more information about urology services at Mission Health, call Mission Urology at 828-254-8883 or visit missionhealth.org/urology.
Lawrence Manship, MD, FACS, joins Mission Surgery — McDowell and Mission Surgery — Spruce Pine. Dr. Manship is a graduate of University of Kentucky College of Medicine. He completed his General Surgery Program at Palmetto Health/Richland Memorial Hospital-University of South Carolina and his residency in Thoracic Surgery at the University of Tennessee Health Science Center. Dr. Manship’s services include general surgery.

Dr. Manship will see patients from his office located in Marion, at 472 Rankin Drive, 1st floor, and his office in Spruce Pine, located at Mauzy-Phillips Center, 189 Hospital Drive. To schedule an appointment with Dr. Manship, in McDowell call 828-659-5700, and in Spruce Pine call 828-766-3555.
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.

Angel Medical Center
Sep 7, Nov 2, 8 am-2 pm
120 Riverview St., Video Conference Room, 3rd floor, Franklin

Blue Ridge Regional Hospital
Aug 9, Oct 11, 11 am-2 pm
125 Hospital Dr., Bloodmobile in hospital parking lot, Spruce Pine

CarePartners
Oct 17, noon-5 pm
68 Sweeten Creek Rd., Seymour Auditorium, Asheville

Highlands-Cashiers Hospital
Oct 26, 11 am-2 pm
Bloodmobile, Highlands-Cashiers Hospital parking lot, Highlands

Mission Hospital McDowell
Aug 16, noon-5 pm
430 Rankin Dr., Bloodmobile in hospital parking lot, Marion

Mission Hospital
Aug 28, Oct 30, 7 am-noon and 1-6 pm
Mission Hospital, 501 Biltmore Ave., Lobby, Asheville

Mission Health Business Office
Oct 18, 10 am-3 pm
50 Schenck Pkwy., Asheville

Transylvania Regional Hospital
Sep 27, Nov 29, 9 am-2 pm
Transylvania Regional Hospital, 260 Hospital Dr., Carlson Conference Room, Brevard

CHILDREN’S HEALTH

Caring for the Caregiver across the Lifespan Conference
Caregivers will learn practical skills and strategies to take care of yourself while providing care to your loved one.
Nov 3
Mission Health/AB Tech Conference Center, 340 Victoria Rd., Asheville
Preregistration is required and space is limited. For more information, call 828-213-0047 or email kerri.eaker@msj.org

Family Group Night
Family Group Night is a bimonthly event where families of children with special needs can come to get support from other families in the community, receive training and workshops about a variety of topics and where children and siblings can interact with their peers.
1st Tuesday and 2nd Monday of each month, 5:30-7:30 pm
Reuter Outpatient Center, 11 Vanderbilt Park Dr, Asheville
Families need to RSVP to ensure there is enough food and childcare by calling 828-213-0047 or by emailing kerri.eaker@msj.org

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

Transition into Adulthood Conference
The vision of Mission Family Support Network for this conference is that all WNC youth and young adults with disabilities will successfully transition to the role of productive, participating adult citizens.
Oct 6
Mission Health/AB Tech Conference Center, 340 Victoria Rd., Asheville
Preregistration is required and space is limited. For more information, call 828-213-0047 or email kerri.eaker@msj.org

MEN’S HEALTH

Men’s Night Out: Toughing the Outdoors
Sep 25, 5:30 pm
Angel Medical Center, 120 Riverview St., Video Conference Room, 3rd floor, Cafeteria, Franklin

Men’s Night Out: Pass the Sugar
Nov 13, 5:30 pm
Angel Medical Center, 12 Riverview St., Cafeteria, Franklin

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
Nov 19, 5:30-6:30 pm
CarePartners, 68 Sweeten Creek Rd., Seymour Auditorium, Asheville
Please call ahead if you are attending. Contact Jon Felsinger at 828-777-6076.

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 Group
1st Wednesday of each month, 3:30-4:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

For a full list of Mission Health’s events, visit calendar.missionhealth.org.

Calendar of Events
September through November 2018
All events are free unless noted. Event dates and times subject to change.
WOMEN’S HEALTH

An Evening with the Docs: Breast Cancer Awareness
Oct 18, 5:30 pm
Highlands-Cashiers Hospital, 190 Hospital Dr., Jane Woodruff Clinic, Suite 103, Highlands
For more information, contact Brittany Dryman at 828-526-1345

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.missionhealth.org/womens/

Childbirth Classes
$45; Scholarship opportunities available. One-on-one childbirth classes also available.
4th Thursday of the month, 12-5 pm
Mission Hospital McDowell, 430 Rankin Dr., Marion
To make reservations or for more information, call 828-659-5300

Ladies Night Out: Have Heart, Breathe Easy
Sep 25, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

Ladies Night Out: Here’s to You
Oct 23, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

Ladies Night Out: Pass the Sugar
Nov 13, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

WNC Prostate Support Group Us Too
1st Tuesday of the month, 7 pm
First Baptist Church of Asheville, 5 Oak St., Asheville

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.
Sep 5, 11 am; Sep 20, 6 pm; Oct 3, 11 am; Oct 18, 6 pm; Nov 7, 11 am; Nov 15, 6 pm
Mission Hospital, 1 Hospital Dr., Asheville
Call 828-213-4100 or visit missionweight.org

Mission Weight Management: Free Surgical Information Session — Mission Hospital
Learn about our many surgical options for weight loss.
Sep 7, 1 pm; Sep 18, 5:30 pm; Sep 24, 5:30 pm;

MICHELIN

An Evening with the Docs: Breathe Easy: Living with Lung Disease
Nov 15, 5:30 pm
Highlands-Cashiers Hospital, 190 Hospital Dr., Jane Woodruff Clinic, Suite 103, Highlands
For more information, contact Brittany Dryman at 828-526-1345

An Evening with the Docs: Safe Steps: Keeping Mobile and Fit
Sep 20, 5:30 pm
Highlands-Cashiers Hospital, 190 Hospital Dr., Jane Woodruff Clinic, Suite 103, Highlands
For more information, contact Brittany Dryman at 828-526-1345

Book Fair
Nov 29, 10 am-5 pm; Nov 30, 7 am-2 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

Community Health Fair
Oct 6, 10 am-2 pm
Highlands Recreation Department, 600 N 4th St., Highlands
For more information, contact Anna Claire Ramey, RN, at 828-526-1489

Scrub Sale
Oct 4, 8 am-4 pm; Oct 5, 7 am-4 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
Last July I was involved in a bicycle crash in Transylvania County. Thankfully, a quick thinking fellow rider with EMT training, George Stevens, immobilized my neck at the crash site.

A Transylvania County EMS team quickly arrived, fitted a trauma brace and transported me to the Transylvania Regional Hospital, where Joseph Cohen, MD, and an excellent emergency room staff first evaluated me. Two dedicated transport professionals then transferred me to Mission Hospital.

I was diagnosed with a neck fracture. My surgeon, Jon Silver, MD, immediately inspired confidence and trust. He was personable, communicative and reassuring as he laid out the surgical path. A few hours after the five-hour surgery, which ended at 2 am, he was at my bedside letting me know how the surgery had gone. His physician assistant, Steven Langfeld, was like an extension of Dr. Silver: engaging, professional and confident in my recovery.

Following surgery, close to one hundred Mission Hospital employees helped me: doctors, physician assistants, RNs, nurse assistants, transporters, housekeeping, radiology techs, speech therapists, dieticians and many others. In each instance, they introduced themselves, told me what they were going to do for me and, without exception, followed through.

While on the Trauma floor, my most significant interaction was with my nursing team. They became my advocates and were, without exception, professional, competent, dedicated, compassionate and positive. A multitude of other Mission Hospital employees came into and out of my neck-braced, limited field of vision, but they all made a positive impression. During my stay, I learned that Mission Hospital is not the sum of its many buildings, its state-of-the-art technology or its endowment. The real value of Mission is its team members.

During Patient Experience Week, it is with deepest gratitude that I say thank you to the Mission Health team members who cared for me, provided an exceptional Mission experience and helped me get back to being me.

Mission Health Emergency Services includes western North Carolina’s designated Level II Trauma Center at Mission Hospital, ground transportation by Regional Transport Services and air transport provided by MAMA (Mountain Area Medical Airlift). Learn more at missionhealth.org/emergency.

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