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Spring 2019

3 . . . Future Ready
Mission Hospital for Advanced Medicine

4 . . . Ask the (Virtual) Doctor
Mission Virtual Clinic

10 . . . Mindful Eating, Seriously Try It
Discover the benefits of paying attention to how you eat

11 . . . Off Beat
Take our quiz to see how much you know about atrial fibrillation

12 . . . What You Don’t Expect When You’re Expecting
A team of highly trained doctors helped Rachael Arrowood survive a hemorrhage while delivering her son

14 . . . Reaching Out
Local seizure clinic provides care close to home for epilepsy patients

16 . . . Determined to Succeed
Louise Maney went for physical therapy but received help for a more pressing health problem

18 . . . Diagnosis Fun
Child Life makes the hospital experience better for pediatric cancer patients

20 . . . 5 Reasons to Lose Weight before Becoming Pregnant
Your weight can affect you and your baby

22 . . . Home, Where You Want to Be
PACE helps seniors to live safely at home

23 . . . Assisted Loving
7 signs your loved one may need skilled nursing care

8 Seasonal Splendor
24 . . . Spring Slump
Don’t ignore your mental well-being

25 . . . Penile Implants:
Myth vs. Fact
Scott Sech, MD, a board-certified urologist with Mission Urology, helps separate fact from fiction

26 . . . Home-based Sleep Tests Q & A
Adam Graham, MD, with the Mission Sleep Center, breaks down at-home sleep tests

27 . . . Genetic Consultations at Your Convenience
Telehealth brings new service to Angel Medical Center

28 . . . Maximum Performance
Get in gear with a cycling or running analysis

29 . . . New Physician

30 . . . Spring Calendar

32 . . . I Know I’ve Made a Difference
Mission Hospital McDowell volunteer tells her inspiration

Your Guide to a Healthy Spring

There’s no time like spring to focus on your health and wellness. Leave winter hibernation behind and spring into the warmer weather months. You can start by cooking with healthy spring ingredients like those found in our recipes on page 8. You might also want to try mindful eating, which you can learn about on page 10.

Not everyone adapts to spring as easily as others. If this describes you, read our article about the spring slump, found on page 24. Or, if you’re someone who can’t enjoy the spring months because of hay fever, turn to the Q&A on page 4 to learn about our Virtual Clinic — allergies are one of the most common conditions they treat.

If you need extra motivation for a healthy season, read our inspiring feature stories. On page 6, you’ll learn about a Flat Rock resident’s amazing weight-loss journey, and on page 12, you can read the fascinating story of an emergency C-section. Don’t forget to turn to page 16 to find out how a quick-thinking physical therapist helped a patient deal with a pressing health concern.

As always, we have articles dealing with a variety of health conditions, including AFib, page 11, epilepsy, page 14, and teen health, page 21. We also highlight several of Mission’s meaningful clinics and services, including our Child Life department, which you can read about on page 18.

We hope you find lots of inspiration to be well, get well and stay well this spring!
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missionhealth.org
Ask the (Virtual) Doctor

Steve North, MD, MPH, medical director of Mission Virtual Care answers some questions about Mission Virtual Clinic
Q What is Mission Virtual Clinic?

A Mission Virtual Clinic allows you to receive a diagnosis and treatment plan for your illness online and from the convenience of your own home. You can start your visit anytime, 24 hours a day, at missionhealth.org/virtualclinic. You will receive a response between the hours of 7 am and 11 pm within one hour of completing your visit.

Q Why should I visit Mission Virtual Clinic versus a regular doctor appointment?

A Virtual clinic visits are affordable, convenient and fast. They make it easier for you to be seen by a doctor more frequently and across greater distances. We live in a community where a 10-mile drive can sometimes take 30 minutes. By allowing you the option of seeing a doctor via your computer, tablet or smartphone, the Mission Virtual Clinic saves you the inconvenience of traveling to your doctor. In addition, the lower cost means you can visit the clinic whenever you have a need — without extensive expenses.

Q What can I be seen for at the Mission Virtual Clinic?

A There are many illnesses that can be addressed through the virtual clinic, including:
- Cold or sinus infection, influenza (flu), hay fever/allergies
- Female bladder infection (UTI), vaginal yeast infection
- Canker or cold sore, pink eye (conjunctivitis), sty (bump or bumps on the eyelid)
- Acne, athlete’s foot, diaper rash, eczema, fungal skin infection (tinea), jock itch, ringworm, shingles, skin irritation (contact dermatitis)
- Stomach pains, constipation and/or diarrhea (irritable bowel syndrome), heartburn or acid reflux (GERD)
- Travel medication, malaria prevention, motion sickness prevention
- Influenza prevention, pertussis (whooping cough) exposure

Many people aren’t aware that even rashes and breakouts can be diagnosed and prescribed treatment through the virtual clinic. You can just take a picture of the problem area and upload the image for the doctor to look at.

Q Can I use Mission Virtual Clinic to get prescriptions?

A Yes, our clinic makes receiving care easier and more efficient than ever — including getting prescriptions. Take just 2-3 minutes to fill out a series of questions about your illness, and in most cases, we can write a prescription for it and send it directly to your pharmacy. Even if you’re at work, you can fill out the questions online, and then pick up the prescription on your way home.

Q Is there anything I can’t receive care for at the Mission Virtual Clinic?

A Yes. You should not visit the virtual clinic if you’re having symptoms of heart attack, stroke or serious injury. If you’re experiencing these, or any symptoms for which you need urgent care (such as severe pain), visit the emergency department of the hospital closest to you. Mission Virtual Clinic may not be right for you if you have other chronic conditions such as diabetes, heart failure, history of stroke, etc. If you have flu or strep throat symptoms, a quick, in and out, no-cost visit to a nearby clinic may be required to obtain a lab test to confirm your diagnosis.

Q Are Mission Virtual Clinic visits covered by insurance?

A The cost of our virtual clinic visits is only $25, regardless of whether or not you’re paying with insurance. However, you may contact your insurance company to see if they offer a lower copayment for online or telehealth visits.
A simple conversation with her mom tipped the scales for Bev Barney, a house cleaner from Flat Rock, who decided to have bariatric surgery after decades of battling her weight. “Weight is going to be a constant struggle in your life, isn’t it?” Barney remembers her mom asking a simple question that seemed to linger.

Barney was heavier than other children, and over the years, her weight fluctuated. Yet at her heaviest of 287 pounds, she never developed conditions like diabetes or high blood pressure.

“In my mind everything was okay, because I could still clean houses and go to Jazzercise five days a week,” said Barney. But sinking into the sofa and then not being able to get up without fighting the arm rest began to weigh her down physically and mentally.

“Not being able to get up from sitting or crouching was scary, but mentally scary was the fact that I was doing this to myself,” said Barney, whose joints were feeling the strain of the extra weight.

New Hope

“I couldn’t wait to have the surgery,” she said. “This was going to be the thing that helped me.” In truth, Barney tried nearly every diet out there without success. Before attending Mission Weight Management’s information session, she researched the sleeve gastrectomy procedure and read patient success stories that piqued her interest.

“This idea gave me new hope to get down to a weight that I could work to maintain. I’d never really gotten down below 200 pounds before and needed something to kick-start my progress,” said Barney.

Prior to surgery, Barney followed the advice of her new Mission Weight Management team of nutritionists, surgeons, counselors and more. Early successes motivated her to make more serious goals.

Barney’s surgery was in August 2016, and she had a plan. Looking ahead, her mind was set on achieving her goal weight of 155 pounds before reaching the 18-month marker, when weight loss typically slows for patients.

In just 10 months, Barney reached her goal weight by losing 132 pounds. Jazzercise is still a significant part of Barney’s success, and so is her mindset. “I’ve been successful, because I really wanted this and thought things through,” she said.

The Honeymoon’s Over

“It’s still a battle,” Barney said. But she’s not in it alone. Having the support of an entire team at Mission Weight Management has made all the difference.

“Being part of the Honeymoon’s Over support group has been the best thing for me,” said Barney. “Everyone in this group is more than a year past surgery, and they easily share their concerns, motivations and experiences in a judgment-free setting.” Barney added that she learns something new at every meeting. “The support doesn’t stop there.

Mission Weight Management has a full complement of other resources available for medical or surgical weight loss, setting it apart from a lot of other programs, according to Peeter Soosaar, MD, a bariatric and a general surgeon with Mission Surgery and Mission Weight Management.

“We want our patients to make long-term improvements using the tools and resources they need to make lasting changes. By improving eating and activity levels and curbing old habits, our patients can, in turn, improve the lives of their families,” said Dr. Soosaar.

Nicole Martinez, a nutritionist, especially helped Barney as she switched to an all-plant-based diet. Nicole answered questions and helped with portion control while suggesting foods Barney needed to eat more of. Even Barney’s husband lost 45 pounds in the process.

Barney knows this is a life-long commitment. She’s targeting lasting results, and while it’s easy to backslide, she continues to follow and tweak her plan. For anyone thinking about this option, Barney has one suggestion, “Put your full energy and your full mental happiness into it, and you should be successful.”

Bev Barney’s Tips for Keeping the Weight Off

- Rely on your team. The Mission team is full of experts who can answer questions and want to help. “Nicole Martinez, my nutritionist, has been so supportive of my switch to the plant-based diet, teaching me portion control and which foods I needed to have more of in my diet,” said Barney.
- Go to support group meetings. “We all go through the same challenges, and you’ll learn so from others’ experiences,” said Barney.
- Ask questions. This is a new way of eating, and there’s so much to learn. “Don’t be afraid to seek answers,” said Barney.
- After doing your research, follow the program. Talk with the experts about which meal plan to follow. Some make it so easy by including grocery lists for the week. “Put your full energy into it, and you will be successful,” said Barney.
To register for a free Mission Weight Management information session, call 828-213-4100 or visit missionweight.org.
Baja-style Salmon Tacos

ingredients

- 12 oz salmon fillet, cut into 4 portions (3 oz each)
- 4 8-inch whole-wheat tortillas

- 1 cup green cabbage (about ¼ head), rinsed and shredded
- 2 tsp lime juice
- 1 tsp honey
- ½ cup red onion, thinly sliced
- 1 medium jalapeño (seeds removed), minced
- 1 Tbsp fresh cilantro, minced

marinade

- ½ Tbsp vegetable oil
- 1 Tbsp lime juice
- 2 tsp chili powder
- ½ tsp ground cumin
- ¼ tsp ground coriander
- ⅛ tsp salt

preparation

Preheat grill or oven broiler (with the rack 3 inches from heat source) on high temperature. Prepare taco filling by combining all ingredients. Let stand for 10-15 minutes to blend the flavors.

To prepare the marinade, combine the oil, lime juice, chili powder, cumin, coriander and salt in a bowl. Place salmon fillets in a flat dish with sides. Pour marinade evenly over fillets.

Place salmon fillets on grill or broiler. Cook for 3-4 minutes on each side, until fish flakes easily with a fork in the thickest part (to a minimum internal temperature of 145 degrees F). Remove from the heat and set aside for 2-3 minutes. Cut into strips. To make each taco, fill one tortilla with ¾ cup filling and one salmon fillet.

4 servings

Nutrition information (per serving): 325 calories, 11 g fat, 395 mg sodium, 4 g fiber, 24 g protein, 29 g carbohydrates

Seasonal Splendor

Spice up spring with these light and healthy offerings

By Mary Lindsey Jackson, RN, LDN, Clinical Nutritionist Educator for Mission Weight Management — missionweight.org or 828-213-4100
Farro Salad with Asparagus, Almonds and Goat Cheese

**ingredients**
- 12 oz (2 cups) pearled farro
- 2 Meyer lemons, zested and juiced
- 1 lb asparagus, trimmed
- 1½ cups frozen sweet peas
- 3 Tbsp olive oil, plus 1 tsp
- 1½ cups sliced almonds, toasted
- 4 oz soft goat cheese, chilled and crumbled
- Salt and freshly ground black pepper

**preparation**
Cook the farro according to package directions (if no directions available, simmer farro in 6 cups water or vegetable broth until al dente, then drain). In the meantime, also cook the peas according to package directions. Spread the grains on a large baking sheet and set aside to cool. Zest the lemons over the grains and set aside.

Snap off the ends of the asparagus and cut into 1-inch pieces. Heat 1 tsp of olive oil in a large sauté pan over medium high heat, and then add asparagus. Cook the asparagus until just tender, about 2-3 minutes.

In a large bowl, add cooled grains, asparagus, sweet peas, sliced almonds and goat cheese. Toss to combine. Whisk together lemon juice and olive oil. Pour over grain salad and toss, along with salt and pepper to taste.

**8 servings**

Nutrition information (per serving): 336 calories, 14.5 g fat, 41.8 g carbohydrates, 7.5 g dietary fiber, 2 g sugar, 13 g protein
Mindful eating is based on the Buddhist concept of mindfulness. Mindful eating requires bringing your fully awake, self-nurturing, observant, patient, thankful self to the table. Best of all, it has been shown to assist with weight loss, encourage healthy eating habits and help you feel better.

What Is Mindless Eating?
There are many vivid, relatable illustrations of mindless eating behaviors. One might graze from a box of cheese crackers or a carton of ice cream while watching TV at night, not realizing until the show is over that the entire package is gone. There’s also scarfing down a sandwich in five minutes at your desk while catching up on work emails or in the car while racing to your child’s sports practice.

Why Eat Mindfully?
Mindful eating can increase your sense of internal control over your food intake, by allowing you to better recognize your hunger and fullness. You may find increased contentment with smaller portions. You may experience improved digestion and less stress related to eating in a hurry. Also, you may experience greater appreciation and enjoyment of healthy foods.

Practicing Mindful Eating

Before You Eat
- The first step to mindful eating is pausing before beginning to eat.
- Shift your brain off “autopilot” by taking at least three full breaths, drinking a glass of water slowly or taking a moment to express thankfulness.
- Complete a “hunger-fullness check” by assessing for physical signs of hunger or fullness.
- Take a “values/goals check,” asking yourself what your long-term goals are and if this food fits in or works against your plans.
- Try an “emotions check” by asking yourself “What would I have to feel if I didn’t eat this right now?”

While You Eat
- Focus on the experience of eating by engaging all your senses, noticing the aroma, color, textures and presentation of the meal.
- Breathe as you eat, as the sense of taste is enhanced by aroma.
- Take small bites, chew thoroughly and set your fork down between bites. Give yourself full permission to savor the food without guilt.

After You Eat
- Reflect on how you feel. Do you feel better or worse? Do you feel energized or fatigued? Do you feel satisfied, discontent or stuffed?
- View each eating experience as a learning opportunity, to gradually guide you to more health-promoting meals.
Off Beat
Take our quiz to see how much you know about atrial fibrillation
By Cheri Hinshelwood

“Atrial fibrillation (AFib) is like your heart being stuck in fourth gear,” said Jason Lappe, MD, cardiologist with Asheville Cardiology Associates, an affiliate of Mission Health. “It may be operating fast, but your heart’s output is reduced by 20 percent.”

Quiz

1. True or False. Most people diagnosed with AFib say their heart is racing or pounding.

2. What factors can increase your risk for AFib?
   a. Age
   b. High blood pressure
   c. Obesity and excessive alcohol
   d. Chronic conditions like lung disease, heart disease, diabetes or sleep apnea
   e. All of the above

3. True or False. Atrial fibrillation increases your risk of heart attack.

4. What is the most effective treatment for AFib?
   a. Cardiac rehabilitation
   b. Medicine
   c. Exercise
   d. Ablation

Answers
1. False. Most patients see their doctors due to extreme fatigue. In addition to tiredness and heart flutters, others experience lightheadedness, dizziness, shortness of breath, inability to exercise or chest pain.
2. e. All of the above. Changing your lifestyle choices can increase your risk of AFib. Since women normally live longer than men do, more women have AFib.
3. False. People with AFib are at four to five times greater risk of stroke than others. When your heart beats irregularly, blood can pool or clot. A stroke can happen when a clot traveling through your bloodstream blocks oxygen-enriched blood from reaching your brain. Medications can help reduce the risks of stroke.
4. d. Studies show a heart procedure known as ablation is the most effective treatment. Heart tissue responsible for causing the malfunction is destroyed to allow the heart to beat properly. Another option is medicine. AFib should be managed for reduced risk of stroke and better quality of life.
Rachael Arrowood describes it as the scariest time of her life. It’s not part of anyone’s birth plan, but on the morning of August 23, 2017, after about five hours of pushing and pure exhaustion, Arrowood’s doctor discovered that the baby’s shoulders were too broad to pass through and that she needed an emergency C-section. “At this point I was feeling every emotion possible — excited, scared, tired. I was just ready to be done and meet my baby boy,” recalled Arrowood.

At 10:21 am, Maverek was born. Arrowood’s husband, Derek, was able to cut part of the umbilical cord that was left, but then they were sent out. Following the C-section, Rachael experienced a hemorrhage, which required emergency surgery. The doctors had to perform a blood transfusion and a hysterectomy.

“Luckily my mom was there with me, because I was very emotional and very confused,” Arrowood said. “I hope no woman ever has to experience that feeling.”

Bre Bolivar, MD, MPH, an OB/GYN hospitalist with MAHEC OB/GYN Specialists, said that most of OB/GYN training is to prepare for the worst. They practice emergency situations in simulation labs, labor and delivery, and in operating rooms. And not just their team, but also with anesthesia, nurse anesthetists, CNAs, resident and attending OB/GYNs, family practice physicians and nurses.

Arrowood spoke highly of the care she received from the entire Mission Hospital staff, but said two women went above and beyond: Jackie Roberts, one of her labor and delivery nurses who was also in surgery with her, and Martha Hill, the nursing supervisor. “They both have become a part of our family and mean so much to all of us,” she said. “I am so grateful for Jackie, Martha and all of the nurses, doctors and hospital staff who helped me and made such a scary time a little easier.”

Dr. Bolivar attributed the successful outcome of Arrowood’s case in part to the tight-knit group of OB/GYNs in Asheville. “It doesn’t matter which practice I’m helping,” said Dr. Bolivar, “I’m there for all of our community OB/GYNs, just as we were there for Ms. Arrowood’s OB/GYN. I love that Mission Hospital cares enough about our moms having babies in Asheville to have that resource available during any emergency that arises!”

A year-and-a-half later, Arrowood is doing great. “I am living my life now, enjoying every moment that I have, and just incredibly thankful and blessed!” she said.

Dr. Bolivar likes to remind patients when they’re admitted to the hospital that they have a large team of doctors and nurses who are always watching their fetal monitoring and vital signs, and sometimes they notice an emergency without the patient knowing it. She stressed, “Our goal is always a healthy mom and healthy baby, and sometimes that means decisions are made quickly and plans change fast.”
NC Births by the Numbers

120,099  Total number of births
58  Oldest mother

September 1  Most popular birthday (439 births)
May 21  Least popular birthday (179 births)
13 lbs, 9 oz  Largest live birth
2,154  Sets of twins born
40  Sets of triplets born
2  Sets of quadruplets born

Stats from the North Carolina Center for Health Statistics for 2017.
One such resident is Cynthia Clark of Franklin. “Having the clinic closer to where I live is awesome,” said Clark. “It’s easier to make earlier appointments, and we don’t have to drive almost two hours for a doctor’s visit.”

Going to the Patients
Previously, the only place where people with epilepsy and seizures could see a specialist was at Mission Neurology in Asheville.

“There are a lot of folks who don’t live within the immediate vicinity of Asheville and need seizure care from a specialist,” said Suzette LaRoche, MD, epilepsy specialist and medical director at Mission Epilepsy Center. “A big issue is that patients who are having seizures are not supposed to drive.”

It’s especially problematic for people who live an hour or more away and don’t have friends or family who can drive them to Asheville.

Dr. LaRoche came to Mission Health three years ago from Emory University in Atlanta, where she was an epilepsy specialist. “When I moved here, it was really with the goal to develop an epilepsy and seizure program for all of western North Carolina,” she said.

Dr. LaRoche learned that residents in the farthest points of Mission’s reach weren’t always able to get access to the specialty care provided at Mission Neurology in Asheville. “There are a lot of folks, particularly out in the Franklin area, who have seizures but had been getting their seizure management from their primary care doctor or a lot of times even in the emergency department,” said Dr. LaRoche. “That’s where this came about — the need to go to those patients instead of trying to figure out how they can come to us.”

Finding the Best Location
When choosing a location for the seizure clinic, Dr. LaRoche said they considered where Mission Health already had space, as well as, geographically, a place that was centrally located to some of the farther points from which patients would come. They finally settled on the Angel Medical Center in Franklin, where outpatient space was available and the towns of Highlands, Silva, Murphy and Andrews are nearby.

The clinic opened in August 2018. “We have it one day a month, on a Monday,” said Dr. LaRoche. “It’s myself as the seizure specialist and also our EEG manager, Coleman Cabe.”

Cabe, Dr. LaRoche said, is instrumental to the clinic. “He’s a longtime resident of Silva, and he’s really passionate, too. Before we opened the clinic,
there wasn’t a way to get an EEG out there,” she said, adding that Cabe volunteered to go with her to the monthly clinics and perform electroencephalogram (EEG) tests. “The EEG test is a really important part of the workup and evaluation of patients with seizures,” said Dr. LaRoche.

A Model for Specialty Care
The clinic currently sees patients who are age 13 and older and are referred by their primary care physician. Because the visits are so thorough, Dr. LaRoche sees only eight or nine patients in a day.

Clark first visited the clinic in August, after she had a seizure and was referred by her primary care doctor. “I didn’t have any issues or symptoms until I had my seizure at work,” she said.

“It’s really rewarding to be able to be there and see folks,” said Dr. LaRoche. “I’m sensing that it’s really helpful to the primary care physicians out there because they’re the ones who have really been caring for these seizure patients, and doing a really good job.”

Dr. LaRoche added that a lot of patients in the area have never seen a specialist for their seizures, and she’s able to see them and develop a treatment plan, with the primary care provider doing follow up.

At the clinic, Clark had an EEG and met with Dr. LaRoche. “Dr. LaRoche has been amazing!” she said. “[She] has helped me find a seizure medicine that I like and helped to regulate it. So far I have not had any more seizures.”

“I really think it’s the model of how we can provide specialty care for the most patients,” said Dr. LaRoche. “The specialist is not going to be able to see every single follow up every time, every visit. If the specialist can see the patient and make a plan, then work with the primary care provider for the follow up, then everyone is getting high-level care.”

Clark is certainly thankful to have a clinic closer to home. “The seizure clinic is very nice to have closer to Franklin,” she said, “because people who can’t drive can be seen.”

Epilepsy by the Numbers

According to the Epilepsy Foundation, epilepsy is the fourth most common neurological problem. Only migraine, stroke and Alzheimer’s disease occur more frequently.

The Centers for Disease Control and Prevention (CDC) reports that, in 2015, 1.2 percent of the US population — about 3.4 million people — had active epilepsy. That number includes 3 million adults and 470,000 children.

North Carolina is estimated to have 111,000 people with active epilepsy.

For more information about epilepsy and seizures at Mission Health, visit missionhealth.org/epilepsy-seizures.
Louise Maney went for physical therapy but received help for a more pressing health problem

By Trisha McBride Ferguson
When health issues become complex, it’s always good to have a team focused on your total health and well-being. Just ask Louise Maney, a patient of Transylvania Regional Hospital’s rehabilitation services. When Maney visited the center to begin rehabilitation for her broken arm, her care team recognized she had a more urgent issue.

First Things First
“In the fall of 2017, my husband passed away and this spring, on May 8, I fell and broke my humerus,” said Maney. Because of the location of the arm break, Maney wasn’t a candidate for surgery, so she wore a sling for four weeks to help her arm heal.

A breast cancer survivor, Maney previously had the lymph nodes on her left side removed as part of her cancer treatment. As a result, she has periodically experienced bouts of lymphedema (swelling) around her left arm. “Once my arm was in a sling, it really flared up,” said Maney.

At Maney’s first physical therapy appointment for her broken arm in June, Sheila Moore, PT, a physical therapist with Transylvania Regional Hospital, knew something wasn’t right.

“When I initially evaluated Ms. Maney, I noticed significant lymphedema in the entire left arm, causing severe pain and entirely limiting her movement of the extremity,” said Moore. “The lymphedema had progressively been worsening and would not improve unless a specialist could provide lymphedema treatment. This includes manual lymphatic drainage and arm compression wrapping to reduce the lymphedema in the arm before we could begin any meaningful treatment.”

Restarting Physical Therapy
Moore referred Maney to a specialist, and her arm responded to the lymphedema treatment and improved. “After a few weeks, it came down to a manageable size so I could start physical therapy,” said Maney.

In July, Maney returned to the rehab center for physical therapy. “Once her lymphedema was better managed, our goals for physical therapy were to improve her shoulder and elbow range of motion, flexibility and strength, and to reduce pain,” said Moore. “All of these were so she could return to using her left arm for daily activities, such as driving, dressing, bathing and performing household tasks.”

Maney started by attending physical therapy sessions three times a week and eventually transitioned to twice-weekly appointments as she progressed. “Ms. Maney is very resilient, determined, and has a great spirit that has really allowed her to come through a very challenging year,” said Moore.

Over the course of three months, Maney worked with Moore and her physical therapist assistant Ashley Brookshire, PTA, to improve the strength and function in her arm. “They were very careful, they don’t want you to be in pain. They tell you ‘We don’t want it to hurt,’” said Maney. “And they were wonderful to me, everyone was excellent, I just can’t say enough about them.”

“It was a pleasure to work with Ms. Maney,” said Moore. “And see her succeed during such a challenging time.”
For some children, their home away from home is Mission Health’s SECU Cancer Center. They receive world-class, evidence-based cancer treatments while there. But to them, they’re still in a hospital — a place where they get poked and prodded, and where they sometimes have to spend extended periods of time away from their friends, social networks and homes.

Mission’s Child Life program exists to change the typical hospital experience for pediatric patients. While other professionals — doctors, nurses, surgeons, anesthesiologists — have different, critical roles in caring for children with cancer, the Child Life program members have a different kind of specialty: creating joy, empowerment, fun, comfort and all kinds of other good things.

“These are kids who live with medical challenges far beyond what they should have to endure,” said Amy Fisher, a certified child life specialist with Mission Children’s Hospital’s Child Life program. “But they are still kids who want to play, be seen and enjoy each day — despite the chemo, needle pokes, scans and potential bad news.”

Birthdays Go On

In January 2018, 10-year-old Hunter Villalpando of Asheville spent his 9th birthday at the SECU Cancer Center. His stays there had become familiar territory to both him and his family. When Hunter was only 11 months old, he was there to be treated for testicular cancer, which was successfully cured. However, when he was 7 years old, he re-entered the center to be treated for leukemia.

“When he was in the hospital the first time, he was just a baby and didn’t know what was going on — but as an older child, he understood a lot more, so in a way it was harder for him,” said Nathan Villalpando, Hunter’s dad. “Child Life made his experience better.”

As an example, Villalpando shared Hunter’s 9th birthday experience. “He had to celebrate his birthday while undergoing treatment,” he said. “Child Life was great. They hung a large banner, sang happy birthday to him and gave him a big gift basket filled with toys and treats.”

According to Fisher, Hunter’s birthday experience exemplifies the way the Child Life department approaches care. “We strive to meet each family where they’re at during any point of a cancer diagnosis or treatment,” she said. “This could be a child newly diagnosed or one struggling with the fact that they have to show up to our clinic every day for chemo instead of being with their friends.”

There Every Day

Villalpando said that Child Life was even there to help Hunter through medical procedures like blood draws. “They were always there to explain things to him and find fun ways to distract him or help him get through whatever was going on,” he said.

“Child Life has a way of bringing normal to a completely abnormal situation,” said Fisher. “We may be making sparkly slime with a patient while they receive a blood transfusion or drawing a ‘cope-cake’ decorated with encouraging words.” Fisher said these coping techniques help patients deal with the inevitable ups and downs of cancer treatment.

Educating through Play

While Hunter was much more aware of his leukemia treatments than his testicular cancer treatments as a baby, he did still struggle to understand the types of things that were happening to him.

Villalpando pointed out that these things were hard enough for adults to comprehend, much less a child. Many families have this experience. That’s why another area Child Life helps them with is education.
The goal of Mission Children’s Hospital’s Child Life program is to ease the stress and anxiety of medical experiences by providing activities that support the child’s and the family’s ability to cope with the hospital experience through play, developmentally appropriate education for procedures and/or diagnoses, and expressive activities. Our Child Life specialists work closely with caregivers and the medical team in order to provide a more comfortable hospital experience.

“Child Life provides an array of services that are not always obvious,” said Fisher. “At first glance, we provide developmentally appropriate play and therapeutic activities for hospitalized and ill children. We are often seen as the ‘fun people’ who bring joy to patients and families. However, we also provide diagnostic teaching and procedural preparation to children in ways they can understand.”

“We take complex ideas, such as leukemia, and bring them to a child’s level — incorporating medical play, art materials and teaching dolls to help a child process what is happening to them,” Fisher continued. “Through building rapport and helping kids feel safe, they know they can come to the hospital or clinic and have an ally who will answer their questions and encourage them to be themselves, no matter what.”

**Families Too**

“We work with the entire family because we understand a child’s cancer diagnosis affects everyone,” said Fisher. “We pay special attention to siblings who may be struggling to understand why mom or dad stays at the hospital with their sick brother or sister while they feel left behind. We also guide parents to explain cancer to their children in the most helpful ways. Parents shouldn’t have to know what to say when their child is diagnosed with cancer, but we are here to help guide them using evidence-based practices.”

Villalpando found these approaches helpful as a parent. “It’s hard having to balance everything when your child is sick,” he said. “But when you have not only the support of your friends and family, but also caring people at the hospital, it makes it a lot easier.”

Fisher said that, more than anything, Child Life serves as advocates for the children. “Every little thing the hospital and Child Life did for Hunter was good for him,” said Villalpando. “Going to chemo and being hooked up to an IV hasn’t exactly been fun for him. As a parent, it’s nice knowing that there are people who are willing to devote their time to help children and make their hospital experiences better.”

For more information about the services provided by Mission Children’s Hospital, visit missionchildrens.org.
Before getting pregnant is a great time to think about losing weight. A healthy weight during pregnancy can reduce the chance of fertility issues, pregnancy complications and even birth defects.

1. **Fertility issues.** Overweight women can have a tougher time getting pregnant. Irregular ovulation can result in more difficulty conceiving, and unpredictable periods mean some expectant moms don’t realize they’re pregnant right away.

   “The good thing about knowing you’re pregnant earlier is the ability to avoid things harmful to your baby like drugs or alcohol,” said Lorrie Harris-Sagaribay, Program Coordinator with MotherToBaby North Carolina at Mission Fullerton Genetics Center. Pregnant moms who don’t have prenatal care are less likely to know they have serious conditions like high blood pressure.

2. **Birth defects.** “While every pregnancy has risks, obesity doubles the risk for some conditions like spina bifida,” explained Jennifer Vickery, Western Coordinator of the North Carolina Pre-Conception Health Campaign at Mission Fullerton Genetics Center. Identifying these defects during pregnancy is more difficult when moms carry extra weight.

3. **Pregnancy complications.** Overweight moms are at greater risk of gestational diabetes. Uncontrolled blood sugar can affect the pregnancy and a mom’s overall health.

4. **Large baby.** Overweight moms more often have high birthweight babies, making deliveries more difficult. Heavier newborns can suffer shoulder or arm injuries during delivery. Later in life, these babies are more often overweight and develop Type 2 diabetes.

5. **Miscarriage or premature delivery.** Women with obesity are more likely to miscarry or deliver prematurely, which can result in longer hospital stays for their newborns. Premature babies can also have lasting effects such as behavioral issues or developmental delays.

   Being at an ideal weight can mean a healthier pregnancy for you and your baby. Healthy weights are calculated using body mass index.
Tough Conversations

One-on-one talks with their pediatrician can lead to teens opening up about their health

By Cheri Hinshelwood

Memes. Texts. Gifs. While teens keep things light with friends, studies show they want to know more about important topics that can affect their overall adult health but are reluctant to talk with parents present. Just when teens are exploring their interests and boundaries, an open relationship with their physician could be a roadmap to health success.

“Teens are developing cognitively, emotionally and socially. They are learning about themselves and how to make decisions,” said Ashley McClary, MD, pediatrician with Mission Pediatrics - McDowell. For some teens, the time is right to take more responsibility for their own health discussions.

A strong network of adults that your teen can talk to could start with your child’s pediatrician. In this familiar setting, teens can be more comfortable learning and talking about their health.

Even some as young as 11 years old can benefit from an option called a “split doctor visit.” Parents are present for part of the visit to discuss such issues as vaccines, general health information and family history. One-on-one visits between the doctor and teen follow where conversations may cover topics such as bullying, sexual health, substance use, healthy eating or mental health screening for depression or anxiety.

“Traditionally, many teens have not received the health information they need,” said Dr. McClary. “This option offers teens reliable health information and guidance from someone who knows your family.”

It’s important to recognize that teen-only doctor visits are completely confidential, and by law the only reason confidentiality can be broken is if the teen is in immediate danger. In North Carolina, teens can consent to their mental health, sexual health and substance abuse treatment.

“It’s really important to build strong relationships between parents, teens and their provider,” said Dr. McClary. “With a little coaching, we can help facilitate tough conversations going forward.”

Topics Teens Discuss with Their Doctors

- Avoiding substance use
- Daily activity
- Healthy eating
- Mental and sexual health
- Promoting healthy sexuality
- Safety and bullying
- School concerns
- Sleep requirements
- Supporting family connection

If you would like to have your teen seen by a pediatrician, call Mission Pediatrics - McDowell at 828-652-6386 or visit missionchildrens.org.

Ashley McClary, MD, is a pediatrician with Mission Pediatrics - McDowell.
Home, Where You Want to Be
PACE helps seniors to live safely at home

By Carolyn Comeau

The motto on the conference room wall at Asheville’s CarePartners PACE Center says it all: We transform lives. The acronym stands for Program of All-inclusive Care for the Elderly, an innovative, patient-centered community care model that is dramatically enhancing quality of life for older adults in Buncombe and Henderson counties.

These patients have complex needs when it comes to accessing all-encompassing, well-coordinated and timely healthcare. They typically see multiple specialists, take an array of medications and need mental health services and social support, while personal preferences and economic circumstances fuel their desire to remain in their own homes.

Opened in 2015, Asheville’s PACE Center offers exceptional breadth of services: specialty care, home care, medical transportation services, emergency care, physical and recreational therapy, nutritional counseling, dentistry and more.

“It’s the best model of care I’ve seen,” said Christopher Patterson, MD, CMD, and PACE Medical Director. “PACE’s overarching goal is to keep participants in their homes, and its approach is interdisciplinary. Patients are often Medicare/Medicaid recipients, chronically ill and destined for nursing homes unless proper interventions are made. Team members meet weekly to coordinate participants’ care, arrange medical transportation, create rehab plans and make social needs assessments.”

Every member of the care team has a role in caring for the participant while enrolled at PACE. “A transportation driver might notice if a patient doesn’t seem like themselves, and this helps us to identify and address a decline much more quickly than if the patient was in a nursing home,” said Dr. Patterson. “This results in less financial and utilization-related stress on the healthcare system.”

Due to PACE’s emphasis on care quality, positive outcomes are commonplace. “PACE recognizes that patients are much more than their conditions,” said Dr. Patterson. “It’s definitely the future of medical care.”
Assisted Loving
7 signs your loved one may need skilled nursing care
By Lindsey Grossman

1. Mixing up days and nights
2. Too many or too few medications in the prescription bottle, according to the instructions (indicating they don’t remember to take them or don’t remember that they have already taken them)
3. Complaints that someone is stealing belongings that no one would steal (indicating they are putting away things and they don’t know where they’ve put them)
4. Frequent falls
5. Unable to navigate to or from familiar places like church, stores and the mailbox
6. Repetitive calls to family members regarding unrealistic concerns, health complaints or nonsensical issues, often during the night
7. Incontinence or immobility that must be addressed by a caregiver

Linda’s Story
Ava Emory, the Administrator at Eckerd Living Center in Highlands, said to look out for these concerning behaviors. While these signs together may indicate it’s time for skilled nursing care, individually they can also suggest the need for assisted living or adult day care.

For Linda Ross and her husband Robert Lawton, 84, it was not one event or sign, but a series of falls followed by a trip to the emergency room that led to Lawton’s placement at Eckerd Living Center two years ago. Ross explained how they had intended to look at facilities and make this choice together.

“Rob and I had talked about it, but the doctor at the ER said, ‘You can’t take him home.’” However, Ross had heard wonderful things about Eckerd and they had an opening.

“It think it was the best decision I could make under the circumstances. It’s a decision no one wants to make.”

For Ross, the first and worst part of this monumental change was and remains the guilt, for which she got professional help. “You have to learn to adjust your life,” she said. Ross deals with her guilt by setting boundaries, limiting her visits to three days a week. She’s also had to work through her loneliness, getting used to a new life at home. “I do not eat my dinner at the dining room table because I can’t handle that chair across from me being empty,” she admitted.

For 10 years, her days were all about taking care of her husband; she now fills that time by keeping busy with little projects around the house and volunteering at a local elementary school. She still finds ways to care for her husband, like doing his laundry.

Ross urges others in her situation to get professional help for the guilt, which can get pretty overwhelming. “It’s okay to feel guilty, but you can’t wallow in it for years on end,” she said. “I try to do my best.”

To learn more about skilled nursing facilities and Eckerd Living Center, call 828-526-1315 or visit eckerdlivingcenter.com.
Just when most people feel energized because it is spring, others want to pull the covers over their heads. Seasonal change can be harder on those with anxiety and depression. Speaking with your primary care physician can be a first step in feeling better.

“Often patients dismiss their earliest suspicions of depression or anxiety,” said Jesse Pace, DO, a family practice physician with Mission Family Medicine Glenwood. “Patients usually come in because they aren’t sleeping or are feeling irritable.”

People often live with untreated depression or anxiety for years due to the stigma of mental health issues. People with clinical depression cannot simply “pull themselves out of it.” It is a legitimate medical condition that must be managed.

It may be surprising that depression causes actual physical symptoms like pain, exhaustion, difficulty concentrating, headaches, recurrent thoughts of suicide and changes in appetite.

“Everyone has anxiety and depression at some point, but when it interferes with daily activities or you’re having intrusive thoughts of bad things, it’s time to get help,” said Dr. Pace.

According to the National Alliance on Mental Illness, while anxiety disorders are highly treatable, over 60 percent of those suffering don’t receive treatment. “Seek help as soon as you think something is amiss,” said Dr. Pace. “We have options from therapy and counseling to medications. The bottom line is to ask for help.”

Tips for Talking with Your Doctor about Anxiety and Depression

- Don’t wait. Talk with your doctor as soon as you have concerns about not feeling like yourself. Give your provider ample time and information to help you.
- Recognize that while you may feel uncomfortable or embarrassed, you are seeking help for a real medical concern.
- Be prepared to talk about changes you’ve noticed in your sleep, eating habits and mood.
- Be ready for blood tests. Depression can be linked to other conditions like your thyroid function. Your doctor may want to rule out conditions with a simple blood test.
- Be prepared for your doctor to ask about family history and other symptoms.
- Keep an open mind. 😊
Penile Implants

Myth vs. Fact

Scott Sech, MD, a board-certified urologist with Mission Urology, helps separate fact from fiction

By Jennifer Sellers

**Myth:** Penile implants are novelty procedures.

**Fact:** Men who choose a penile implant (also known as penile prosthesis) tend to suffer from severe erectile dysfunction (ED) and have had a poor response to other ED treatments.

**Myth:** A penile implant is the least desirable ED treatment option.

**Fact:** Satisfaction rates across several studies indicate 94 percent of men were moderately or completely satisfied with the results of their choice of penile prostheses, in comparison to satisfaction rates with Viagra (52 percent) or penile injection therapy (41 percent).

**Myth:** Penile implants are obtrusive and feel unnatural.

**Fact:** Penile implants are a discrete, easy-to-use and spontaneous treatment for ED. An inflatable penile prosthesis is not noticeable when the penis is flaccid (totally concealed in the body). A penile implant acts and feels like a natural erection (partner satisfaction rates 92 percent), with confident and reliable operation. It works every time, producing a firm, reliable erection that will last until it’s deflated. The penile implant offers normal penile sensation and the ability to orgasm.

**Myth:** Penile implants can’t be counted on every time.

**Fact:** Penile implants have excellent mechanical reliability rates — studies have shown mechanical reliability rates of 97 percent at five years. The devices include an easy-to-locate pump in the scrotum for one-handed, one-step, push-button inflation and deflation.

**Myth:** The penile implant procedure is too invasive and requires too long a recovery.

**Fact:** I use a minimally invasive technique through a small incision above the penis. The procedure is typically performed in less than an hour, and patients are observed overnight in the hospital. Postoperatively, most patients have mild to moderate penile pain for the first week that is easily controlled with oral pain medications, and most can start using the device 4-6 weeks after placement.

**Myth:** Penile implants aren’t covered by insurance.

**Fact:** The procedure is generally covered by most insurance plans, including Medicare.
Home-based Sleep Tests Q+A

Adam Graham, MD, with the Mission Sleep Center, breaks down at-home sleep tests

By Lindsey Grossman

Q: How do you know if you even need a sleep test?

A: Do you snore? Do you feel tired during the day? Do you feel restless at night? Has anyone ever told you that you stop breathing in your sleep? Do you wake up gasping or choking at night? If you answered yes to any of these, you would probably benefit from a sleep study. There are over 80 different wake and sleep disorders. The most common of these is obstructive sleep apnea (OSA), but we also diagnose and treat less common disorders like restless legs syndrome and narcolepsy.

Q: What’s the difference between an in-lab and home-based sleep test?

A: An in-lab sleep study collects much more data than a home sleep test. A home sleep test measures respiratory effort and irregularities (snoring), body position, pulse rate and oxygen saturation. In addition to this data, the in-lab test measures respiratory cardiac rhythm, leg movements, eye movement, jaw movement and brain activity. Patients with advanced heart or lung disease will likely require an in-lab study.

Q: What is the benefit of home-based?

A: The low-cost of a home sleep test can be a great option for some patients. At-home sleep studies are convenient for patients because you get to sleep in the comfort of your own home. Also, because you’re not monitored by a technician all night, the test is less expensive.

Q: Who qualifies for an at-home sleep test?

A: Qualifying for an in-lab versus a home sleep test often depends on insurance. Most commercial insurers have transitioned to a home-sleep testing first. Patients who may have complicated health histories or severe comorbidities may be a better fit for an in-lab sleep study so they can be more closely monitored.

Q: What exactly comes in the home-based sleep kit?

A: The home sleep test includes the actual recording unit itself (which is very small and lightweight), a nasal cannula (tube), a respiratory belt and a pulse ox that clips onto a finger. It all comes in a small pouch with instructions.

Q: Do you need a referral from your primary care physician?

A: While we prefer a referral, we do not require one. It’s always helpful when a patient has a medical home with a primary care physician, so there is a more holistic approach to the patient’s care.

Q: How long until you get the results?

A: A sleep study generates nearly a thousand pages worth of data. We aim to have our studies completed within two weeks or less, which is the national benchmark.
While finding the causes to hereditary health conditions was once a mystery, today genetic evaluations can help patients understand how their genes affect their health and that of their family.

Mission Health’s Fullerton Genetics Center now provides telehealth consultations at Angel Medical Center, making it easier than ever for patients in the Franklin region to access these services.

Should You Consider a Genetic Evaluation?
Genetic services are provided by a team consisting of a geneticist and genetic counselor for patients with a known or suspected genetic disorder, birth defect, intellectual disability or increased risk for similar problems. If you have a parent or grandparent with a serious health condition, genetic counseling may help you determine your risk for the disease.

Similarly, if you or your partner are planning to become pregnant, genetic counseling can help you understand how your unique hereditary traits may impact your child’s health. You may also benefit from an evaluation with a pharmacist trained in how your genes affect your ability to metabolize your medications.

“We see patients of all ages, and they are usually referred to us by their primary provider or other specialist involved in their care,” said Chad Haldeman-Englert, MD, a clinical geneticist with Fullerton Genetics Center.

What Occurs during a Genetic Evaluation?
The process begins with asking the patient about their medical and family history, explained Haldeman-Englert. Their medication history will also be reviewed if they are meeting with the pharmacist. Patients then undergo a physical exam when necessary.

“We may likely recommend genetic testing based on the information obtained from the patient’s history and physical exam findings,” said Haldeman-Englert. If genetic testing is ordered, a sample — of blood, saliva or a swab of the inside of the cheek — is collected. Results from the tests are interpreted by the geneticist, genetic counselor or pharmacist and then shared with the patient.

The Fullerton Genetics Center is the region’s only comprehensive genetics and personalized medicine program. Its staff includes two clinical geneticists, six genetic counselors, a licensed clinical social worker and a licensed clinical pharmacist trained in pharmacogenomics.

What Happens during a Virtual Session?
Patients in the Franklin region now have access to these genetic services via telehealth consultations at Angel Medical Center. Typical telehealth visits take place in a private exam area equipped with video cameras, monitors and specialized equipment connected to the Fullerton Genetics Center. “We even have peripheral devices that help us perform a virtual exam,” said Haldeman-Englert.

Based on the interview and exam, the geneticist and genetic counselor will determine if genetic testing is indicated. A nurse is on-site to facilitate the visit, and blood or other samples can be obtained when necessary.

“We have had several genetic counseling visits by telehealth,” said Haldeman-Englert. “This type of evaluation is more of a discussion, so it really lends itself to a virtual appointment.”

Genetic evaluation, counseling and testing are now available at Angel Medical Center. For more information, call 828-213-0022.
Maximum Performance

Get in gear with a cycling or running analysis
By Lindsey Grossman

With the weather warming up, there’s no better time to spring back into action outside. But before you lace up those running shoes or hit the bike trail, consider a personalized running analysis or bike fitting at the CarePartners Outpatient Rehabilitation Clinic. These services can help athletes of all skill levels improve performance and reduce the risk of injury.

Runners’ Clinic
Thomas Minton, a physical therapist with Mission CarePartners Outpatient Rehabilitation Clinic, and his team of fellow experts implement numerous strategies, like a video running gait analysis that identifies errors in technique and pinpoints sources of pain and injury. “We can actually show them video evidence of their progress,” said Minton. “It’s pretty cool.”

Minton sees an overwhelming majority of his clients trying to use their muscular force to propel their bodies forward, which ends up causing more impact, making running harder rather than easier. As a Pose Method Certified Running Technique Specialist, Minton can incorporate his training to reduce impact at the knee by 50 percent.

In addition, the clinic offers strength and flexibility conditioning, plus advice on footwear and warm-up exercises. The initial overall evaluation lasts about an hour. For those wanting to train, three to six follow-up visits can be scheduled to focus on a client’s specific goals and needs.

Bike Fit
The Bike Fit program helps veteran and novice cyclists prevent and overcome injuries and enhance performance, all by finding the proper position on the bike. “A bike has only a certain amount of ranges that we can adjust it in,” said Minton. “But people come in all shapes in sizes, so a lot of times when someone gets on a bicycle they don’t line up with it really well without significant adjustments and modifications.”

No matter the bike type or person’s ability level, the bike fitting generally takes about 90-120 minutes, with follow-up visits scheduled as needed. Mission’s Switch-It saddle program (part of the Bike Fit service) gives clients the chance to test out an entire line of bicycle seats, set-up instruction on their spin bike to find the perfect fit and referral to a local bike shop.

“The most efficient position is the position that you’re going to be able produce the most power in, and it’s also going to be the position that’s safest for your body,” said Minton. 🤝
Scott Willis, MD, joins Asheville Cardiology Associates. Dr. Willis is a graduate of the University of California, San Diego-La Jolla. He completed a fellowship in Cardiovascular Disease at Walter Reed Army Medical Center and a fellowship in Interventional Cardiology at Yale University/New Haven Hospital. Dr. Willis completed his residency at Walter Reed Army Medical Center. Prior to medical school, Dr. Willis graduated from the University of California, Los Angeles, with his BS in Psychobiology.

Dr. Willis will see patients at Asheville Cardiology Associates at 5 Vanderbilt Park Drive in Asheville. To schedule an appointment with Dr. Willis or one of his partners, call 828-274-6000.
Calendar of Events
March through May 2019
All events are free unless noted. Event dates and times subject to change.

BLOOD DRIVES
Angel Medical Center
Mar 1, May 3, 8 am-2 pm
120 Riverview St., Video Conference Room, 3rd Floor, Franklin

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

CarePartners
Apr 10, noon-5 pm
68 Sweeten Creek Rd., Seymour Auditorium, Asheville

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

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

Mission Hospital
Apr 25, 7 am-noon and 1-6 pm
Mission Hospital, 501 Biltmore Ave., Lobby, Asheville

Mission Hospital McDowell
Apr 18, noon-5 pm
430 Rankin Dr., Bloodmobile in hospital parking lot, Marion

Transylvania Regional Hospital
Mar 21, May 23, 9 am-2 pm
Transylvania Regional Hospital, 260 Hospital Dr., Carlson Conference Room, Brevard

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

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 the month, 3:30-4:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

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

Brain Cancer Survivors Support Group
2nd Thursday of the month, 4 pm
Transylvania Regional Hospital, 260 Hospital Dr., Newland Conference Room, Brevard
For more information, contact Joelle Cleveland, BSN, RN, OCN, at Joelle.Cleveland@msj.org or Nancy.Kurts@msj.org

Caregivers Support Group
2nd Wednesday of the month, 6-7 pm
CarePartners PACE, 286 Overlook Rd., Asheville
Contact Alzheimer's Association at 828-254-7363

Diabetes Support Group
3rd Thursday of the month, 4-5 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
Contact Rick Vangilder at 828-349-6688

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

Grief Support Groups
This is a biblical-based grief program and consists of watching a DVD each week followed by a group discussion (participation not required).
Tuesdays, 1 pm; Thursdays, 6 pm
CarePartners Hospice & Palliative Care McDowell, 575 Airport Rd., Marion
Contact Chaplain Diane Brooks at 828-652-1313 or 828-442-9931

Growing through Grief Support Group
2nd and 4th Tuesday of the month, 2 pm
Transylvania Regional Hospital, 260 Hospital Dr., Chapel, Brevard
For more information, contact Amanda Alexander, LCSW, at Amanda.Alexander@msj.org or 828-883-5284

Hearing Loss Support Group
Mar 7, 10:15 am
CarePartners Seymour Auditorium, 68 Sweeten Creek Rd., Asheville
For dates and times, contact Ann Karson at 828-665-8609 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

Lung Cancer Support Group
2nd Tuesday of the month, 4:30-5:30 pm
SECU Cancer Center, 21 Hospital Dr, room 120, Asheville
Contact Jessica Hansman, RN, BSN, at 828-213-2898 or Carol Logan-Thompson, RN, MSN, OCN, at 828-213-2504

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: Arthritis
Mar 26, 5:30 pm
Angel Medical Center, 120 Riverview St., Video Conference Room, 3rd floor, Franklin

Men's Night Out: Hands on Hand Therapy
May 28, 5:30 pm
Angel Medical Center, 120 Riverview St., Video Conference Room, 3rd floor, Franklin
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.missionhealth.org/womens/
Call 828-213-4280

Childbirth Classes
$45. Scholarship opportunities available. One-on-one childbirth classes also available.
Mar 28, Apr 25, May 23, 12-4 pm
Mission Hospital McDowell, 430 Rankin Dr.,
Marion
To make reservations or for more information, call 828-659-5300

Ladies Night Out: Hands on Hand Therapy
Mar 26, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, 3rd floor, Franklin

Ladies Night Out: “Gift of Life” Organ Donotation
April 23, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, 3rd floor, Franklin

Ladies Night Out: “To the Moon and Back” ER Visit and Transportation
May 28, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, 3rd floor, Franklin

NAMI Connection Group
NAMI Connection Recovery Support Group is a free, peer-led support group for adults living with mental illness. You will gain insight from hearing the challenges and successes of others, and the groups are led by NAMI-trained facilitators who’ve been there.
2nd Tuesday of the month, 6:30-8 pm
Transylvania Regional Hospital, 260 Hospital Dr., Behavioral Health Group Room, Brevard
For more information, contact Kathryn Speckman at namitransy@gmail.com

NAMI Family Support Group
NAMI Family Support Group is a peer-led support group for family members, caregivers, and loved ones of individuals living with mental illness. Gain insight from the challenges and successes of others facing similar circumstances.
2nd Tuesday of the month, 5-6:30 pm
Transylvania Regional Hospital, 260 Hospital Dr., Behavioral Health Group Room, Brevard
For more information, contact Kathryn Speckman at namitransy@gmail.com

Head and Neck Cancer Support Group
An opportunity for head and cancer patients, survivors and caregivers to gather and provide support, discussion and community.
2nd Thursday of the month, 4:30-6 pm
SECU Cancer Center, 21 Hospital Dr, room 120, Asheville
Contact Lynnea Skiman at 828-213-2596 or lynnea.skiman@msj.org or Patty Mabe at 8213-2536 or patty.mabe@msj.org

Parkinson’s Support Group
1st Tuesday of the month, 10:30 am-12 pm
Grace United Methodist Church, 94 Tunnel Rd., Asheville
Contact Beth Pape at 972-729-3356 or AdWoman123@yahoo.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 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

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

Stroke & Neurological Disorders Support Group
1st Monday of the month, 3 pm
Mission McDowell Therapy Office, 1633 Sugar Hill Rd., Marion
Call 828-655-2555 for more information

Thoracic Cancer Support Group
2nd Wednesday of the month, 4:30-5:30 pm
SECU Cancer Center, 21 Hospital Dr, room 120, Asheville
Contact Jessica Hansman, RN, BSN, at 828-213-2898 or Carol Logan-Thompson, RN, MSN, OCN, at 828-213-2504

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.
Mar 6, 11 am; Mar 21, 6 pm; Apr 3, 11 am; Apr 18, 6 pm; May 1, 11 am; May 16, 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.
Mar 1, 1 pm; Mar 19, 5:30 pm; Mar 25, 5:30 pm; Apr 5, 1 pm; Apr 16, 5:30 pm; Apr 22, 5:30 pm; May 3, 1 pm; May 21, 5:30 pm
Mission Hospital, 1 Hospital Dr., Asheville
Call 828-213-4100 or visit missionweight.org

Mission Weight Management: Free Surgical Information Session — Cherokee
Learn about our many surgical options for weight loss.
Mar 21, 5:30 pm; May 16, 5:30 pm
1 Hospital Dr., Cherokee
Call 828-213-4100 or visit missionweight.org

Mission Weight Management: Free Surgical Information Session — Marion
Learn about our many surgical options for weight loss.
Mar 14, 5:30 pm
Corpening Memorial YMCA, 348 Grace Corpening Dr., Marion
Call 828-213-4100 or visit missionweight.org

MISCELLANEOUS

Advanced Directive Day
Apr 16, 9 am-1 pm
Angel Medical Center, 120 Riverview St., main lobby, Franklin
For more information, contact Bonnie Peggs at Bonnie.Peggs@msj.org or 828-349-6639

Asheville Catholic School Shamrock 5K/10K
MyGeneration Running Series that supports the O’Brien and William Edward Gibbs Memorial Scholarship Fund.
$25 for early 10K registration; $30 for standard 10K; $20 for 5K
Mar 16
12 Culvern St., Asheville
Contact Greg Duff at greg@gloryhoundevents.com

Biltmore/Kiwanis 15K/5K Classic
MyGeneration Running Series
$55 for early 15K registration; $60 for standard 15K; $45 for early 5K; $45 for standard 5K
May 5
1 Lodge St., Asheville
Contact Greg Duff at greg@gloryhoundevents.com

Book Fair
Mar 7-8
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

Macon Your Heart Beat 5K Run
Registration for the 5K begins at 8:30 am. 1-mile walk begins at 9 am. 5K begins at 9:30 am.
Mar 23
For more information, call 828-349-6688 or email Richard.Vangilder@msj.org
The inspiration for creating the coloring book for children entitled *Eric’s Trip to the Emergency Department* came from Bill Briggs (an interim emergency department director) who noticed that I had written children’s books sold at the McDowell Hospital (old hospital) gift shop. He asked if I could create a coloring book as he saw the need for something like that for the children coming to the ED. I said YES, but that I would have to contact Jeff Duckworth who illustrated one of my books because I was only a “story” person. Jeff immediately said YES and produced the nine wonderful illustrations in a matter of weeks. I also decided to have the words translated into Spanish, so the parents could read what the children’s coloring pages were all about. Cindy Meraz, a McDowell Hospital employee, provided the words. Philip Long, the Director of Volunteer Services, gave his approval, as well as providing the crayons and plastic sheaths for the booklet…and the rest is history!

Why do I volunteer? When I was a little girl (I’m 79 now!), I can remember my Grandmother talking about volunteering for the American Red Cross at home in New York (1916-WWI) and Mother talking about the same thing — only in Connecticut (1945-WWII). When I was “30 something,” I volunteered (for ARC) at the VA Hospital in Brockton, Mass., so there must be a “VOLUNTEER” gene in my ancestry somewhere! And the reason I say this is because when my husband and I moved to Marion in 1996 (we were retiring vegetable farmers), I stopped by the McDowell Hospital and met the Volunteer Director — Sally Reep. She saw my potential (I had been a Nurses Aide) and placed me in the Emergency Department with Ruth Coward. I worked on the floor, putting up supplies, changing beds, etc. I volunteered there until 1999, when I had to get a “REAL JOB” to help with the farm expenses.

It wasn’t until after my husband passed away in 2009 that I thought of volunteering again. I joined the local chapter of the American Red Cross (naturally), but once again visited the McDowell Hospital, and in 2013, met the current Director of Volunteers, Philip Long. He said there was a new job in the ED calling patients who had been in the department the day before to see how they were the next day. That was something I knew I could really do as I had also worked in sales over the years and was comfortable on the telephone.

Now I call Monday–Friday mornings and average 1,500 calls per month. When we moved to the new Mission Hospital McDowell, a desk was set up for me in the ED Manager’s area so that any critical concern of a yesterday’s patient was handed over to the manager, Angie Pettus. In conclusion...as I drive home from the hospital each day, I know I have made a difference by letting an ED patient know they are still cared about the next day.

To explore volunteer opportunities at Mission Health, visit missionhealth.org/volunteer.
Make your best life now.

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missionhealth.org/bestlife
MISSION: LISTEN NOT JUST TO THE HEART, BUT WITH IT.

Having been recognized as one of the nation’s 50 Top Cardiovascular Hospitals 12 times*, Mission Health has the leading surgeons and advanced techniques to help you face any situation. Making your heart healthy fills ours.

MISSIONHEALTH.ORG

*Watson Health 50 Top Cardiovascular Hospitals study