Building a Relationship with Your OB/GYN

Heart Attack Survivor Tommy Is Back in the Game

Your Best Life Now!

Plus
Medical imaging quick guide
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Spring 2020

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Spring into Action and Take Control of Your Health

There’s no better time than spring to get a jump on a healthy lifestyle. That’s why we’re starting out this issue with advice that will help you get a little “spring” back in your step. Turn to page 3 to find out how you can spring into action this year and reduce your risk of falls. And as always, we have some wonderful seasonal recipes for you to try this spring. Check them out on page 8.

March is Women’s History Month, and it includes the International Day of Women. We want to celebrate women by offering advice and services specific to them. Turn to Ask the Doctor on page 4, where Sarah Bradley, MD, educates our readers on pelvic floor health. Also check out Expect the Unexpected on page 12, Pregnancy and Congenital Heart Disease on page 20, Are You Uncomfortable around Your OB/GYN? on page 21, and women’s health classes in our Spring Calendar on page 26.

But, as always, there’s plenty for everyone on our pages. Read the fascinating stories of a high school athletic trainer who helped a heart attack victim during a football game, page 6, and a patient whose CarePartners experience allowed him to walk his daughter down the aisle, page 16. And on page 18, find out how our cutting-edge research gave a Pisgah Forest man a vastly improved way of life.

You’ll also find information on bariatric surgery, page 10; medical imaging, page 11; stroke, page 23; leaky heart, page 24; seizures, page 25; and more.

What a great time to begin or jumpstart your health journey.
When daffodils open and signal a new season, many feel the urge to spring into action. From cleaning our homes and yards to adopting new exercise habits, spring is the perfect time to take action to reduce your fall risks.

Every year, falls result in more than 2.8 million injuries treated in emergency departments. “Preventing falls really starts with bone health,” said Kirstin Webster, APRN, FNP-BC, an advanced practice registered nurse at Mission Orthopedic Trauma. “More often than people realize, a bone fracture actually causes the fall, rather than the other way around.”

Top 7 tips for preventing falls

1. **Watch for bone health warning signs.** Having multiple fractures is an indication of questionable bone health. “Your bones could be sick, and you may not know it,” said Webster. Bone density screenings should start at age 50.

2. **Build balance.** Exercises like Tai Chi are proven to improve balance, thereby reducing falls. Core-building exercises also build the strength needed to catch yourself before you fall.

3. **Conduct a home evaluation.** Eliminate tripping hazards such as area rugs, clutter or uneven surfaces. Also, remove unnecessary items from steps or porches to avoid fall hazards.

4. **Light the way.** Add nightlights throughout your home, especially near bathrooms and stairs.

5. **Add handrails.** This helps keeping balanced near bathtubs, stairs and around decks for added protection.

6. **Improve hazard awareness.** Wherever you go, look for curbs, unexpected steps, slick surfaces due to water, ice and other seasonal happenings, like falling leaves that could result in a slip or fall.

7. **Health checks.** Ask if your prescriptions cause dizziness, get an annual eye exam and be aware of other conditions like Parkinson’s that affect balance.

   “Take fractures seriously. Bones are designed to absorb energy, not to break,” said Webster. “Eat a colorful diet for proper nutrition, and focus on balance and resistance training.”

Sprains, strains, fractures and arthritis? Learn more about what Mission Health Orthopedics can do for you at missionhealth.org/orthoMHL.
Ask the Doctor

Sarah Bradley, MD, answers some questions about pelvic floor health
Q What is the pelvic floor and what does it do?

A The pelvic floor is a group of muscles in the pelvis that support the organs in the pelvis, including the rectum, vagina, uterus and bladder. Contraction and relaxation of these muscles allows for proper evacuation of the bowels and bladder, and helps maintain continence. The pelvic floor and ligaments in the pelvis suspend the pelvic organs in the normal anatomic position.

Q What kind of training makes you a pelvic floor expert?

A After completing my residency in Obstetrics and Gynecology, I chose to further subspecialize and do what is called a fellowship. My three-year accredited fellowship was in Female Pelvic Medicine & Reconstructive Surgery at Georgetown University and MedStar Washington Hospital Center in Washington, DC. There are other types of pelvic floor experts that I also work closely with, such as pelvic floor physical therapists, to provide the best treatment for pelvic floor muscular and connective tissue problems.

Q Do pelvic floor disorders only affect women who've given birth?

A While the biggest risk factor known for most pelvic floor disorders is vaginal childbirth, we know there is a large genetic component. There are many women who never develop these issues despite having multiple births and some women who have never been pregnant or have cesarean deliveries can also develop them. We are still learning a lot about the factors that lead to developing these symptoms. About one-third of women who have delivered one or more children may experience prolapse symptoms, and one out of nine (11 percent) may undergo surgery for prolapse in their lifetime. Urinary incontinence related to pelvic floor weakness after childbirth is also common, affecting about 40 percent of women postpartum. Often, these symptoms resolve after pregnancy. In some women they persist or they may develop symptoms years later in life.

Q How does having a baby affect the pelvic floor?

A Having a baby can affect the pelvic floor in several ways. Stretch of the tissue in this area for long periods of time may cause damage to the nerves that control the bladder, rectum and pelvic floor muscles. Stretching of the muscles or ligaments that support the pelvic organs may cause muscle laxity or tears. Disrupting the connective tissue and muscle of the pelvic floor can allow for movement of the pelvic organs leading to incontinence or prolapse. There is higher risk of this with vaginal childbirth, particularly with forceps or vacuum deliveries. However, it may occur in women that undergo cesarean delivery during labor prior to delivery or the pressure on the pelvis during the pregnancy itself.

Q How can a woman keep her pelvic floor healthy?

A Preventive strategies are aimed at strengthening these pelvic floor muscles and reducing stress to them when possible. Going to pelvic floor physical therapy with a trained physical therapist is an invaluable tool to teach women how to perform these exercises correctly. There is some evidence that yoga and Pilates can improve pelvic strength and support as well. Ways to decrease stress to the pelvic floor include maintaining a healthy body weight, strategies for decreasing constipation and bowel movement straining, quitting smoking cigarettes and using proper technique when lifting heavy objects.

Q Do pelvic floor muscles affect sex?

A Yes, they can. Painful intercourse can be a result of muscles that are overly contracted and difficult to relax. Often, patients are unaware that these muscles are strained and tender. A detailed pelvic exam by a provider can assess these muscles, and the most effective way to treat these muscles is going to a practitioner such as a pelvic floor physical therapist who can teach patients also how to target and actively relax these muscles.

Q What are signs a woman should see a doctor or specialist?

A It is important for women to know that there are treatments for incontinence and prolapse. Many women have been living with these disruptive conditions for many years before a provider assesses for these symptoms or a woman seeks care herself. We, as medical providers, are getting better at screening women for these symptoms during annual exams. However, if you are experiencing incontinence of bowel or bladder, or pelvic organ prolapse symptoms such as a vaginal bulge, please feel empowered to discuss these with your provider as there are nonsurgical and surgical treatments available.

Dr. Bradley is accepting patients at Western Carolina Women’s Specialty Center. To schedule an appointment, call 828-670-5665. To find a women’s care provider in your area, visit missionhealth.org/womensMHL.
By Cherry Odom, BSN, RN-BC

Game Changer
High school team athletic trainer aids heart attack victim during football game

By Cherry Odom, BSN, RN-BC
My symptoms started during the second quarter of the ball game," said Tommy Gassaway, a baseball coach at Asheville Middle School. He was working his seasonal job as the clock operator at a junior varsity football game at Asheville High School, when he had shoulder pain and felt like he had blacked out. He remembered the exact date – October 4, 2018. “I knew something was wrong,” Gassaway said. "I told announcer Keith Pittman to get me some help.”

**Rapid Response**

From the press box, Pittman phoned the athletic director of Asheville High School on the sidelines. Then the athletic director walked over and asked head athletic trainer Josh Owen, MHS, of Mission Sports Medicine, for help. Owen called the opposing team’s athletic trainer on the opposite sideline and asked him to take care of any injuries during the emergency.

“I was precepting an undergraduate athletic training student from Western Carolina University, Trayvon Simmons, that night, and he ran up with me to assist Tommy,” Owen said. “When I got to Tommy, he was very pale and sweaty. He told me both his shoulders hurt a lot, and he was having pain between his shoulder blades.”

Even though Gassaway had no chest pain, Owen recognized the gravity of the situation. He told Simmons to call 911 and another person in the press box to activate the Emergency Action Plan to help Emergency Medical Services (EMS) reach the press box.

Owen assessed vital signs, started oxygen and opened the AED (automated external defibrillator) from the emergency kit. Gassaway began to improve soon after oxygen was applied. The team physician was called and apprised of the situation.

**To the Hospital**

In about 10 minutes, EMS arrived and transported Gassaway to Mission Hospital. He admitted to not feeling well all day. His health history included high blood pressure and elevated cholesterol, both treated with medication. Also, his father died young from a heart attack.

Gassaway was in the hospital for four days and had a cardiac stent inserted. “The ambulance guys were the best I have ever seen; they knew exactly what to do and were so professional,” Gassaway said. “I remember the heart doctor and the procedure — wow! Very impressive and very personal. I was very scared, and they were all very calming.”

Owen visited Gassaway the next day in the hospital. “I felt great knowing that all the training and practice for events like this led to a life being saved. Tommy had an excellent outcome,” Owen said. His training includes certification in BLS (Basic Life Support) through the American Heart Association. He also is a BLS instructor for Mission Health, teaching others how to perform CPR.

**Part of the Local Sports Community**

During school hours, Owen is available to provide treatments, evaluations and rehabilitation to Asheville High athletes who sustain sports injuries. He collaborates with team physicians and other providers to deliver integrative care that supports the whole athlete. He attends daily practices and competitions on behalf of Mission Sports Medicine and provides immediate care when a significant injury occurs.

Gassaway was grateful to return to working the football games. “Actually, I only missed one game that season and did all the home games this year,” he said. “I also work all the home basketball games for Asheville High.”

He expressed his appreciation for Owen’s care during his heart attack. “I knew Josh from working the scoreboards at Asheville High and my coaching job,” he said. “He was very calm and professional. I feel like Josh was my calming person to get me to relax. I’m not sure I would be here without him.”

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*Mission Sports Medicine* has had a strong presence in the Asheville and western North Carolina communities since 2011. Our elite sports medicine specialists have advanced training in specific parts of the body or areas of orthopedics, pediatrics, cardiology and neurology. Mission Sports Medicine’s unique team ensures unparalleled expertise in the diagnosis, treatment and surgery of injuries and conditions impacting our athletes.

A supporter of athletes of all ages and skill levels in the Asheville area, Mission Sports Medicine is proud to serve as the team physicians for the Asheville Tourists minor league baseball team, the University of North Carolina Asheville Athletic Department and local high schools, middle schools and recreational athletic organizations. To learn more about the program or to find a specialist near you, visit missionsportsmedicine.org.
Fresh ingredients brighten your plate with these healthy dishes

By Mary Lindsey Jackson, RN, LDN, Clinical Nutritionist Educator for Mission Weight Management

Springtime Asparagus with Lemon Garlic Shrimp

**ingredients**

1 lb raw extra large shrimp (26-30 count), peeled and deveined
1 lemon, cut in half
2 Tbsp extra virgin olive oil, divided
2 lbs fresh asparagus, trimmed, cut diagonally in 1-inch pieces
2 medium red bell peppers, cut in about ¼-inch x 1-inch slices
1 Tbsp lemon zest
salt to taste
1 cup reduced-sodium chicken or vegetable broth
1 tsp cornstarch
8 cloves garlic, minced (about 2 Tbsp)
2 Tbsp fresh lemon juice
1 Tbsp chopped fresh parsley
1 Tbsp chopped fresh cilantro, optional

**preparation**

Place shrimp in medium glass bowl. With hand strainer positioned over bowl to catch lemon seeds, squeeze juice from lemon halves over shrimp. Toss shrimp in lemon juice and set aside to marinate.

Heat large skillet over medium-high heat. Add 1 Tbsp oil and heat just until oil begins to shimmer. Add asparagus, peppers, lemon zest and salt to taste. Sauté until vegetables begin to soften, about 8-10 minutes. Transfer mixture to medium bowl and cover with foil to keep warm. Set skillet aside off heat.

In small mixing bowl, whisk broth and cornstarch together until smooth. Return skillet to medium heat. Add remaining Tbsp oil and garlic. Sauté garlic until fragrant, about 1 minute. Add shrimp and sauté 1 minute. Add broth mixture. Cook, gently stirring continually until sauce has thickened and shrimp are pink, about 2 minutes.

Remove pan from heat, stir in lemon juice, parsley and cilantro, if using. Season to taste with salt.

Divide vegetables among four dinner plates and top with shrimp.

**4 servings**

Nutritional information: 263 calories, 9 g total fat (1.5 g saturated fat), 18 g carbohydrate, 30 g protein, 6 g dietary fiber, 315 mg sodium

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**The Scoop: Probiotics**

Probiotic foods are increasing in popularity due to the abundance of “good bacteria” they provide, but how do you know what’s what? Use this overview of the most popular options as your guide.

**Yogurt**
One of the most well-known probiotic foods, yogurt — which is made from fermented milk — can improve bone health and digestive health. Just know that not all yogurt contains live cultures, so be sure to check the label.

**Kefir**
Kefir is another fermented milk product, but it includes the addition of kefir grains. Kefir grains are cultures of lactic acid bacteria and yeast. Kefir is believed to help protect the immune system.

**Sauerkraut**
While sauerkraut, or finely shredded fermented cabbage, is a popular food in many cultures, many may not know that it also offers probiotic benefits. Additionally, it’s rich in fiber and offers many vitamins and minerals.
Baby Greens with Blackberry Vinaigrette

**ingredients**

**salad dressing**
- ½ cup fresh or frozen blackberries (defrost if frozen)
- 2 tsp coarsely chopped shallots
- 2 Tbsp fresh lemon juice
- 2 tsp agave syrup or honey
- 2 tsp balsamic vinegar
- ½ tsp Dijon-style mustard

**salad**
- 4 cups lightly packed mesclun salad mix (spinach, arugula or other baby greens)
- 2 slices (¼-in) reduced-fat fresh goat cheese
- 1 cup whole blackberries (can also include a few red raspberries)
- 3 Tbsp chopped walnuts or almonds (optional)

**preparation**

Place all dressing ingredients in bullet-style blender or mini food processor and whirl until dressing is creamy and smooth. Season to taste with salt and pepper. Let dressing stand in refrigerator for up to 24 hours before using. Makes ½ cup dressing.

Divide greens between two salad plates. If using cheese, set a slice in center on top of greens, then drizzle 2 Tbsp of blackberry vinaigrette over salad before serving. Or, drizzle on dressing, then sprinkle nuts and berries on top. Reserve remaining dressing for another use. Dressing keeps covered in refrigerator for three days.

2 servings

Nutrition information: 150 calories, 11 g total fat (4 g saturated fat), 9 g carbohydrate, 3 g dietary fiber, 4 g protein, 99 mg sodium

Courtesy American Institute for Cancer Research

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Slow Cooker Black Bean Soup

**ingredients**

- 2 cans black beans, rinsed and drained
- 2 tsp chili powder
- 1 tsp oregano
- 2 tsp smoked paprika
- 1 red onion, chopped
- 1 jalapeno, chopped
- 1 green bell pepper
- 3 cloves garlic, minced
- 1 tsp salt
- 2 bay leaves
- 4 cups vegetable broth
- ½ bunch cilantro, chopped

**preparation**

Add beans, spices, bay leaves, bell pepper, onion, garlic, jalapeno, 1 tsp salt, hot sauce and 4 cups water or broth to slow cooker. Let soup cook on low for 6-8 hours.

Open lid and stir soup; remove bay leaves. Add several generous dashes of hot sauce. Taste and add salt as needed. Stir in chopped cilantro.

4 servings

Nutritional information: 208 calories, 0.9 g fat, 41.4 g carbohydrates, 10.3 g dietary fiber, 4.5 g sugar, 11.2 g protein

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**Tempeh**

A popular food among vegetarians, this soybean-fermented meat substitute is a great probiotic option that can increase your body’s ability to absorb vitamins and minerals. It can also help you produce more vitamin B12.

**Kimchi**

Korean food lovers will recognize kimchi as a spicy, fermented cabbage side dish. It’s high in vitamins and minerals, especially vitamin K and iron.

**Kombucha**

Kombucha drinks are all the rage right now. While many of the health claims associated with the fermented tea drink are unsubstantiated, its probiotic benefits are undeniable.

Find more healthy recipes at [blog.missionhealth.org](http://blog.missionhealth.org).
Setting Up for Success
Bariatric surgery helps you reset your life
By Jennifer Sellers

There’s something that happens to people after bariatric surgery. Garth Davis, MD, medical director of Mission Weight Management, has seen it many times. It’s a transformation of sorts. And it’s not just physical. These people become a new person. Or, depending on how you look at it, they become the person they always were.

A Transformative Tool
Dr. Davis is quick to point out that surgery isn’t a miracle. “It’s very effective, but not a miracle,” he said. “I always tell my patients it’s a tool to overcome some of the biologic and physiologic mechanisms that can make it hard for them to lose weight.”

But in the right hands, this tool can be transformative, said Dr. Davis. That’s because, surgery requires more than simple modifications; it requires dramatic change. And dramatic change creates dramatic results.

“Just controlling how much you eat is not enough,” said Dr. Davis. “You’re not going from a double cheeseburger to a single cheeseburger — that’s not something that really changes your life. What you’re doing is going from a double cheeseburger to a completely and utterly new way of eating. You’re reinventing not only your daily diet; you’re reinventing yourself in the process.”

Dr. Davis said this is why he sees many patients use the surgery as a reset button — their one big chance to start over in life. “They have respect for the surgery, but also for their own ability to reinvent themselves,” he said. “I’ve had patients who’ve gone from couch potatoes to iron man athletes. They’ve completely transformed themselves as people. So much so that some of them celebrate their surgery date as their birth date.”

Support and Data Equal Success
It’s this kind of care and attention, along with a full menu of services, that drew Dr. Davis to Mission Weight Management in the first place.

“I was very attracted to move here based, in large part, on the Mission Weight Management program,” Dr. Davis said. “I was so impressed that I’d be able to give my patients such an amazing array of services and help them be successful with surgery.”

Just a sampling of these services includes: support groups, cooking classes, grocery shopping workshops, online support and one-on-one and group interaction with a team of providers that includes psychologists, board-certified dietitians, behavioral therapists, exercise therapists and medical doctors.

Dr. Davis said that because Mission Weight Management is a Center of Excellence that’s recognized by the American College of Surgery, the center has significant data on patient outcomes. As a result, they are able to see, measurably, that Mission’s bariatric surgery patients are very successful and have significantly low complication rates. “It’s one of the best and safest places to get the surgery,” he said. ©
Medical Imaging

Here’s what’s going on when doctors look “inside” you

By Cherry Odom, BSN, RN-BC

Medical imaging has revolutionized diagnosing many medical conditions and diseases without cutting you open. So, when your doctor orders an imaging test, do you know what’s really going to happen?

Mehul Bhakta, MD, director of abdominal imaging with Asheville Radiology Associates, described imaging as “critical to healthcare.” He said, “It helps confirm or refute a physician’s suspicions regarding what is happening to a patient in a fast, noninvasive way.”

Dr. Bhakta said that risks associated with imaging are usually fairly low. “Some imaging is inherently riskier than others — for instance, there is a risk of having an allergic reaction with contrast sometimes used with CT or MRI,” he explained. “When physicians decide that imaging is warranted, they believe that the benefits outweigh the risks.”

A Quick Guide

<table>
<thead>
<tr>
<th>Type of Imaging</th>
<th>Uses/Details</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasound</td>
<td>Uses sound waves to look inside the body, can detect masses and fluid collections, as well as examine vessels within the body</td>
<td>15-45 minutes</td>
</tr>
<tr>
<td>X-ray</td>
<td>X-ray beams reveal dense parts of the body, like bones, detects fractures, infections, arthritis, osteoporosis, bone cancer and objects inside the body</td>
<td>10-30 minutes</td>
</tr>
<tr>
<td>Magnetic Resonance Imaging (MRI)</td>
<td>Uses a strong magnetic field, radiofrequency pulses and a computer to create detailed images of organs, muscles, nerves, soft tissues and bones, detects various problems, including cancer and tissue injury throughout the body</td>
<td>15-45 minutes</td>
</tr>
<tr>
<td>Mammogram</td>
<td>X-ray of internal breast tissue that uses low-dose radiation, detects cancer, and benign cysts and masses</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Computed Tomography (CT)</td>
<td>Uses X-rays to create detailed images of body parts, including organs and bones, detects various problems such as cancer and tissue injury throughout the body</td>
<td>15 minutes</td>
</tr>
</tbody>
</table>

Mission Hospital exceeds standard accreditation by achieving the designation of Diagnostic Imaging Center of Excellence from the American College of Radiology. To learn more about Mission Imaging services, please visit missionhealth.org/imaging.
P aige Wood was expecting a new baby in a couple of weeks, but what she wasn’t expecting was the phone call that came the last week in June. Wood learned her husband, Ryan Neff, had been in a traumatic skateboarding accident and was being flown to Mission Hospital with serious injuries.

The next 12 days were long and tiring for Wood, who hardly left her husband’s side. His extensive leg injury resulted in four leg surgeries during what turned into a 17-day hospital stay. Wood, who was 39 weeks pregnant at the time, had some decisions to make about her care and the delivery of their baby originally planned for another hospital.

**Setting Goals**

“Our goal was to be together no matter what,” said Wood, about their birth plan before her husband’s accident. “After Ryan’s accident, my biggest concern was that I was going to have to do this delivery alone.”

It wasn’t long into her husband’s hospitalization that Wood decided to explore Mission Hospital’s Labor and Delivery Unit. She met Mary Cascio, RN, the nurse manager of the Labor and Delivery Unit, explained their situation, and took a tour.

Cascio kept in regular touch as Wood’s due date approached, checking in to answer questions while Wood visited her husband.

Mission Hospital offers specialized care for moms and babies in the surrounding 19 counties. Three units, including one specifically for moms with complications or high risk factors, work together to provide the expert care moms and babies in the region sometimes need. The Level III neonatal intensive care unit (NICU) is one that particularly gives parents peace of mind.

**Change of Plans**

Cascio and her team realize they are part of a once- or twice-in-a-lifetime happening for families and take that very seriously.

“People remember the day their baby was born for the rest of their lives,” said Cascio. “Even little old ladies will tell you about the day their babies were born.”

Once Wood decided to deliver at Mission and transferred her care there, Cascio’s team got to work coordinating between providers and units within the hospital to plan for Neff’s involvement in the birth of his baby, even while he continued recovering in the neuro-trauma unit.

“We know we’re part of a forever memory for families, and we want it to be a good one,” said Cascio.

**Chance Happenings**

One nurse caring for Neff had previously been a doula or birth coach and comforted Wood while she visited the neuro-trauma unit. Another nurse now working in Labor and Delivery had transferred from the neuro-trauma unit where Neff was recovering. Needless to say, coordination between these two units was seamless.

Leading up to the big day, Neff’s care, medications and transfer were planned so he could be part of the delivery while continuing the care he required to heal. Both teams worked tirelessly to make it happen.

“To be able to see Ryan with his son for the first time and look over and see his face meant everything,” said Wood. “We were both in hospital beds, but we were together. That’s all that mattered.”

“During delivery, their hospital beds faced each other,” said Cascio. “He was a part of everything.”

Baby Oliver was born July 8, 2019, and weighed a healthy 8 pounds, 14 ounces. “I’m very thankful and grateful they went out of their way to provide that experience to our family. We have those memories, and it’s more than I thought we were going to get,” said Wood.
Mission Moms and Babies

- 4,000 births occur annually at Mission Hospital
- Mission Hospital was the first baby-friendly hospital in North Carolina, designated in 2005
- Mission Hospital is home to the region’s only Level III NICU, caring for babies from 19 surrounding counties
- Maternal/Fetal Medicine Unit meets specialized needs of moms and babies before birth
Journey to a Richer Life

Rehab program provides recovery and connection
By Cherry Odom, BSN, RN-BC

Ricky Hedden was surprised when he found himself in Angel Medical Center’s (AMC) Cardiac Rehabilitation Program in his early 50s. “I’d spent my entire career as a physical education and health teacher in the Charlotte area — running up and down basketball courts and coaching everything from wrestling to track. It didn’t make any sense at all,” said Hedden.

For his retirement, Hedden had returned to Franklin, where he had spent his early childhood and had started to restore an old farmhouse. That’s when he began seeing heart health red flags.

Something’s Not Right
Hedden’s heart issues became apparent as he recovered from a 6-and-a-half-hour disc replacement surgery. “I’d become exhausted just walking from my bed to my bathroom. I knew something wasn’t right,” he explained.

Fortunately, Hedden followed his instincts and made an appointment with the cardiologist. Shocked after “flunking” a nuclear stress test, he was immediately sent to the on-call cardiologist. “Next thing I knew,” declared Hedden, “my doctor told me I had a 78 percent blockage in a major artery.”

Doctors recommended that Hedden heal for a month before his needed stent placement surgery. During that time, he experienced chest pain, and wisely called 911. “I ended up in Asheville, and they decided I’d need my stent placed sooner rather than later,” said Hedden. “They discovered the severe blockage right before I would have had a heart attack.”

Recovery with Respect
Hedden’s next stop, at the urging of his physicians, was the AMC Cardiac Rehabilitation Program. “My team
explained that it would really up my chances of being able to live a more normal life,” said Hedden. That was enough to prompt him to visit, and when he met Nurse Manager Amanda Pack, RN, he was impressed. “She was welcoming, optimistic and down to earth,” said Hedden. “She also communicated clearly with me and stayed away from ‘medicalese,’ which I appreciated. It felt respectful.”

Pack recalled Hedden with fondness. “There are many feelings our patients approach rehab with, and everyone’s on their own individual journey. Ricky was angry about his situation, understandably so, but I could also see he was sweet and so funny,” Pack said.

“As soon as I got rolling in rehab, I saw that the nurses were so competent and genuinely concerned for us. They were always making rounds, monitoring everyone’s heart rates. If anyone had a problem, they addressed it immediately,” said Hedden.

A Healed Heart and Soul
Pack watched Hedden blossom during rehab, explaining that he chose the all-male class. The program offers an all-female class and three coed classes as well.

“At first, coming to rehab is stressful, but participants develop a special camaraderie, begin to look forward to coming and start to feel better,” said Pack. “I knew Ricky would heal physically, but I witnessed him heal emotionally when he hooked into being a teacher again. He was a natural mentor to all his classmates.”

Hedden spoke with obvious emotion about the friendships that developed in rehab. “We supported each other tremendously, exchanged banter while we were on the equipment and checked on someone if they didn’t come,” he said.

Ready for the Next Step?

The Well Steps program for cardiac and pulmonary rehab graduates — and their spouses — offers ongoing health support for rehab program graduates and anyone at risk for or who has a history of heart or lung disease. “The program provides patients the ability to do heart- and lung-healthy exercise and education in a familiar environment and to stay connected to their classmates and nurses,” said Amanda Pack, RN, the Nurse Manager for Angel Medical Center’s Cardiac Rehabilitation Program. “Well Steps provides a way for patients to continue the physical activity that’s essential for their sustained heart and lung health after they complete the program, so their momentum isn’t lost.” Ricky and his fellow classmates will be some of the pioneer patients in this new program at Angel, where they plan to continue their wellness journey for many years to come.

Well Steps:
- supports graduates who often backslide after rehab concludes because they feel intimidated in a gym environment, have transportation challenges or find gym costs unaffordable
- provides graduates or new patients and their spouses access to the rehab facility with exercise machines and clinical staff expertise, five days per week
- offers access to all education classes on heart and lung health at the Rehab Center at no extra charge
- costs $35 per month for program graduates and $20 per month for spouses

For more information about the Well Steps program, call 828-349-8290.
CarePartners PACE program gave Larry Rhymes a new lease on life and a cherished memory

By Cherry Odom, BSN, RN-BC

Anything’s Possible
To look at Larry Rhymes, one would find it hard to imagine that one year-and-a-half ago, he was confined to a wheelchair and experiencing a startling decline. Today, his warmth and broad smile belie this struggle. “The combination of becoming very ill from a neuropathy medication and suffering a back injury caused me much pain. I felt awful and was depressed; my family was so worried,” Rhymes said.

Dearest Wish
Rhymes set multiple objectives for himself, but one trumped all others: He was bound and determined to be out of his wheelchair by May 11, 2019, the wedding day of his only child, Crystal. “I wanted to walk her down the aisle so badly. I made my mind up to do whatever was necessary to achieve that goal,” he said.

The PACE caregivers committed fully to helping Rhymes reach it. “Starting in April 2018, PACE provided transitional care after Larry’s back surgery, physical therapy, new dentures and diabetes management services, which enabled him to be truly ready for his daughter’s special day,” Cone said.

A New and Better Normal
“My caregivers and I set goals together, but ultimately it was up to me to push — and pace myself,” Rhymes said. “I did physical therapy, lifted weights and worked to regain strength and feeling in my leg.”

Happily, Rhymes escorted Crystal down the aisle on a picture-perfect day, beamng and dapper in a pale blue tuxedo. “My family and I will treasure that memory forever. Without the CarePartners folks, it wouldn’t have been possible,” he said with gratitude.

Cone summed up why everyone at PACE grew to love Rhymes: “Larry’s spirit is phenomenal. He’s invested and determined to maintain his quality of life. He’s also supportive of his fellow participants as they follow their own paths to better health.”

Rhymes continues to come to PACE three times a week and receives home care twice a week. At PACE, he loves to play the card game Uno, enjoy his friends and host karaoke, a tradition he started. “They call me Larry-oke now,” Rhymes laughed. “If it wasn’t for PACE, I don’t know where I’d be.”

CarePartners Program of All-inclusive Care for the Elderly (PACE) offers an all-encompassing and interdisciplinary model that allows patients to receive any and all services they may need whenever they need them, whether delivered at home or at the PACE Center:

- Primary and specialty care
- Transitional care
- Hospital care and emergency services
- Prescription drugs and medication management
- Nursing home services
- Adult day care and meals
- Physical, occupational and recreational therapy
- Dental care
- Counseling
- Medical transportation
- Lab and X-ray services

To speak with someone to find out how to qualify for PACE services, call 828-213-8442. Learn more about PACE at missionhealth.org/incarepartnersMHL.

Rhymes at his daughter Crystal’s wedding
Charles Franks, a 69-year-old retired factory worker and auto body technician living in Pisgah Forest, tries to go fishing and bow hunting as often as he can. He had to limit these activities about a year ago, because his legs were giving him a lot of pain when he walked.

Franks was referred to John Henretta, MD, a vascular surgeon with Mission Hospital and Carolina Vascular. “We determined that Franks had a reduction of circulation in his left leg and foot,” said Dr. Henretta, “which probably accounted for some of the pain he described when he walks or tries to exercise.”

Dr. Henretta was able to determine that Franks’s pain stemmed from disease in the superficial femoral artery of his left thigh. Based on the condition of the artery, the doctor recommended treating Franks with balloon angioplasty to restore blood flow in his leg. Franks also happened to be an excellent match for a medical trial being performed at Mission.

The Mission Research Institute
The Mission Research Institute collaborates with Mission Health doctors, like Dr. Henretta, to perform clinical trials of new drugs, devices and techniques. Research staff help identify and screen possible patients, like Franks, for ongoing studies. Most importantly, they make sure that Mission’s doctors adhere to research study and regulatory protocols, and ensure the collection and communication of clinical data to the trial researchers.

“We’ve been fortunate to have a lot of different device trials and, more recently, some drug trials,” said Dr. Henretta. “In doing so, we will provide different companies in trials with information about how things progress. Mission Health is supportive of the endeavors of research here by having a research staff that can assist us in collating all the data, putting everything together and making sure patient follow ups are done.”

Each patient is fully supported by the Mission Research Institute throughout the clinical trial. “We have a research nurse here, which is nice for me because patients have a phone number they can call to reach a research coordinator who is directly responsible for their information and can quickly answer questions. Without that person, I don’t think research in a community is nearly that successful,” said Dr. Henretta.

Participating in a Trial
The Mission Research Institute reached out to Franks. “I read the information, and saw what the pros and cons were. Then I talked to the nurse, and she explained it to me more in depth,” Franks said. “Then, me and my wife talked about it and prayed about it. We decided if I can help somebody, I’d go ahead and do it.”

This trial was looking for candidates like Franks who had narrowing of an artery treatable with balloon angioplasty. Basically, with the help of X-ray, a tiny drug-coated balloon catheter was guided through the blood vessel in Franks’s leg to the location of the narrowing. The balloon catheter was inflated for about two minutes to expand the artery and release the medication, and then the balloon is deflated and removed.

“The trial was for a medicated balloon that would ideally reduce the risk of the artery renarrowing in the future,” said Dr. Henretta. “They’re trying to improve the delivery of the medicine to the treatment area. This was an advancement on something that’s already been out.”

According to Dr. Henretta, Franks’s procedure went well. “We were able to treat the area with the balloon with very nice angiographic result and, more importantly, a good clinical result. Charles is doing exceedingly well,” said Dr. Henretta.

As part of the trial, Franks follows up with Dr. Henretta after one month, three months, six months, one year and two years to evaluate the artery. “So far it seems to be working very well,” said Franks, after his one-year checkup. “I can walk around the yard and up any steep hills. I can do my weed eating.
I've got a bank in the yard, and I don't have any trouble now. So that's a good thing.”

**Staying in Our Comfort Zone**

Though Franks admits he was a little nervous about participating in a clinical trial at first, talking to the Mission Research Institute nurse and Dr. Henretta made him comfortable with the study procedure. “We didn't know what was going to happen,” he said. “In the end, I didn't think the possibility of any dangers was very high. That was the main reason that I did it. I would advise someone else to try it.”

“Fortunately in the US, and most developed countries, research trials are very carefully vetted and looked at by the FDA,” said Dr. Henretta, about patient safety. “And often times, like with this study, we’re not breaking new ground and trying experimental stuff on patients. We’re trying to improve what’s currently available and FDA approved.”

Ultimately, research trials like these are good for our patients and community. “With heart research, for example, it allows patients to receive certain treatments without having to go to a different center. It gives patients access to newer and advancing options,” said Dr. Henretta. “Having these trials in our community allows our patients to receive advanced care without having to travel beyond their comfort zone.”

“That’s the way medicine has been throughout history. Someone has to use it before they know whether it will work or not,” Franks said, philosophically summing up his clinical trial experience. “It gave me a better way of life.”

The Mission Research Institute at Mission Health encourages, facilitates and supports high quality, collaborative research studies and clinical trials designed to improve human health by providing expertise, resources, tools and educational opportunities to patients, community and physicians in western North Carolina. Our dedicated, highly skilled clinical research staff help ensure optimal and safe performance of studies while adhering to all regulatory requirements. To learn about the clinical areas of research at Mission Health or more about the Mission Research Institute, visit missionhealth.org/trials.
According to the Adult Congenital Heart Association, if one parent has a congenital heart disease (CHD), the risk of having a child with CHD is 3-6 percent — and even higher if the parent is the mother.

Advanced heart care has turned the impossibility of motherhood for women born with heart defects in years past into a reality now. While pregnancy carries risks for all women, risks are even greater for this group but not impossible to overcome. With proper planning, more women with CHD are becoming moms.

Women pump about 50 percent more blood during pregnancy for their baby to develop. For women with birth defects of the heart, the strain can be greater. Planning with a cardiologist and high-risk obstetrician can be priceless in guiding decisions for a safe labor and delivery.

“Preconceptual counseling is the most important thing for these women who want to become pregnant,” said James McGovern, MD, a pediatric and adult congenital cardiologist at Mission Health. He stresses that counseling should begin before a woman becomes pregnant.

“There’s a lot to cover to ensure a woman is safe during pregnancy and that she has the highest likelihood for an excellent outcome for her and her family,” said Dr. McGovern. “It’s important for these women to know their risks, such as having an irregular heartbeat or blood clots, take precautions and understand the risks of transmitting a heart condition to their child.”

Other important steps include maintaining proper weight and blood pressure and attending to her mental wellness. Dr. McGovern also recommends learning as much as possible about her condition overall. According to Dr. McGovern, excellent resources are available through the Adult Congenital Heart Association (achaheart.org), including webinars and more.

“I encourage women with congenital heart disease to consider pregnancy if they would like to have a child,” said Dr. McGovern. “Let’s work together to understand the balance of risks and benefits, as well as what to do for a successful pregnancy.”

By Cheri Hinshelwood

What pregnant mothers with congenital heart disease can do to help keep baby safe:

- Follow your doctor’s recommendations
- Manage stress
- Exercise regularly
- Eat healthy
- Avoid alcohol, tobacco products, illegal drugs, pesticides and lead

Having a baby? Find more information about Mission Health’s maternity services at missionhealth.org/babyMHL.

James McGovern, MD, is a pediatric and adult congenital cardiologist at Mission Health.
Are You Uncomfortable around Your OB/GYN?

4 ways to create a healthy relationship

By Trisha McBride Ferguson

Good doctor-patient relationships are important at every stage in life and help ensure the best health outcomes. For women, building a solid connection with their obstetrician/gynecologist (OB/GYN) is essential. Whether you’re visiting for birth control, family planning or a regular screening, these suggestions from Alisa Katherine Eanes, MD, an OB/GYN at Mission Women’s Care - McDowell, can help you get the most out of your next OB/GYN visit:

1. **Find the right fit.** If you’re just getting started or looking to switch providers, now is the time to find your best match. “Getting a recommendation from a friend or family member about an OB/GYN who they are comfortable with is a great way to start,” said Dr. Eanes. “But sometimes, for whatever reason, you may have to meet with someone you don’t know anything about and that’s okay too. Your OB/GYN should make you feel at ease during your first meeting — if they don’t, then consider switching to a different provider.”

2. **Be direct.** As a specialist, your doctor has heard it all. “I often tell my patients that the topics that make most folks nervous or embarrassed are my favorite topics to talk about,” said Dr. Eanes. “Don’t be shy asking about discharge, vaginal dryness, sex, bumps, periods or leakage of urine — we studied these topics and chose this job because we love to talk about these things. Our goal is to help educate our patients and make them feel more comfortable about them too.”

3. **Be honest.** While female health issues can be sensitive, it’s critical to be completely honest. “It is hard to get the healthcare you need if you can’t speak openly with your provider,” said Dr. Eanes. “When you find a provider you connect well with, they can be an advocate for you for all stages of your life!”

4. **Get comfortable.** You can feel confident that your provider will never disclose anything about your health or visit without your permission, said Dr. Eanes. “Our favorite part of the job is connecting with patients. It is why we chose our job. If there is anything we can do to help you feel more at ease, please tell us, and we will do our best to accommodate any special requests,” she said.
One Stop, Three Services
Centralized location allows easy access to physical, speech and occupational therapy
By Carolyn Comeau

A patient recovering from a stroke, a child with developmental delays and an individual affected by dementia might all appear to have different needs, but in reality, rehabilitation services are critical for improving these patients’ lives. Rehab services is an umbrella term that includes multiple, distinct therapeutic modalities.

Jon Brown, physical therapist and manager of Rehabilitation Services at Angel Medical Center (AMC), shared that their services are whole patient-focused, “because our patients’ needs aren’t isolated, but interwoven.”

AMC’s Rehab Services include outpatient physical therapy, speech therapy and occupational therapy, and they’re all housed under one roof. “Patients recovering from surgery, stroke or trauma may need all of our rehab services,” said Brown. “It’s much easier for them if they have easy access to all our services.”

AMC’s therapists can consult with each other about a patient’s treatment and complement it, because patient needs often overlap. “A stroke survivor might be working on getting in and out of a chair and building volume in their voice,” said Brown. “The speech therapist and I reinforce each other’s work.”

“Physical therapists help patients with mobility deficits and movement disorders regain their balance and strength,” said Brown, noting that hospitalization causes functional decline and mobility loss.

Occupational therapists help patients remaster daily living tasks, like buttoning a shirt, typing and cooking. Occupational therapist Chelsea Lynch, for example, treats our youngest patients. “Her specialized pediatric training allows her to help children with developmental delays with writing and support kids with attention issues by helping them focus and follow directions,” said Brown.

Speech therapists help patients regain speech, and with voice projection and modulation. “Our speech therapist Nancy Rogers works with radiology staff to conduct swallow studies too, which reveal if a patient can chew their food properly and swallow pills, or if they need a feeding tube or liquid diet,” said Brown.

AMC Rehab Services is a community lifeline. “Our work is all about helping patients enjoy their best quality of life,” said Brown.

7 Things You Should Know about Rehab

1. Angel Medical Center Rehab Services include the “a la carte” offerings of physical, speech and occupational therapy, but patients can receive them independently or in tandem with each other.
2. Rehab services aren’t just for adults. Many patients are children who receive therapy for developmental and physical growth delays.
3. Therapists develop close bonds with their patients because they often treat them in the hospital and see them again later on an outpatient basis.
4. Angel Medical Center Rehab Services hosts a monthly support group for people recovering from stroke and living with neurological conditions. Meetings include guest speakers and a chance for patients to connect with each other.
5. Dry needling is a newer physical therapy technique that uses thin, acupuncture-like needles to stimulate the body’s healing response. They’re inserted into muscles, tendons and scars to decrease restrictions, alleviate pain and improve range of motion.
6. A trained physical therapist can identify balance deficits and play an important role in fall prevention.
7. In many cases, chronic pain can be managed with therapy rather than narcotic pain medications.

Need physical, speech and/or occupational therapy services? To learn more about Angel Medical Center Rehabilitation Services, call 828-369-4171 or visit missionhealth.org/angel.

Jon Brown is a physical therapist and the manager of Angel Medical Center Rehabilitation Services.
For stroke victims, seeking help as soon as possible is critical, because the sooner a patient gets help, the better. “At the onset of stroke symptoms, the patient should seek immediate help and call 911 or get to a hospital,” said Jan Murphy, MCD, CCC-SLP, inpatient speech therapy coordinator at CarePartners Rehabilitation Hospital. “The earlier a patient is evaluated by a physician, the better the outcome is for many stroke patients.”

Stroke victims are the most common type of patient at CarePartners Rehabilitation Hospital. “We see some incredible recovery from patients who we knew would get better and others who totally surprised us with their recovery based on the severity of their deficits,” said Murphy.

Rehabilitation programs and services are designed to help patients regain as much function as possible, both physically and cognitively. According to Murphy, it's common for stroke victims to have slurred speech (dysarthria), language difficulties (aphasia), impaired memory, swallowing difficulties (dysphagia) as well as paralysis, balance issues and visual impairments.

Rehab often starts soon after and can include physical, occupational and speech therapy. “Starting therapy soon after stroke is crucial because early therapy lessens a person's chance of complications, such as pneumonia, contractures, bed sores and other issues caused by inactivity or immobility,” said Murphy.

All stroke patients at the CarePartners Rehabilitation Hospital receive physical and occupational therapy, and speech therapy is provided to most. Psychology and respiratory services are also available as needed.

“Speech therapy is very common for stroke patients; speech therapists treat all aspects of a patient’s thinking, communication and swallowing needs,” said Murphy. “Stroke can also affect a person's social interaction and the speech therapist works on both verbal and nonverbal interaction strategies.” One of the most common disorders speech therapists work on after a stroke is swallowing and helping patients return to eating and drinking again.

“Most patients and their families say they can tell we love what we do, that our attitude is upbeat and positive,” said Murphy. “They really appreciate our efforts to help them recover as much as possible from their strokes.”

**Telestroke: First-class Care for Our Rural Stroke Patients**

The Mission Stroke program has partnered with local hospitals to provide 24-hour access to our acute stroke experts via live video and audio consultations. With the help of our telehealth “robot,” our physicians can evaluate these patients in real time and make sure they receive the best diagnosis and treatment. Telestroke is currently active at the following locations:

- Mission Hospital McDowell
- Blue Ridge Regional Hospital
- Transylvania Hospital
- Angel Medical Center
- Rutherfordton Hospital
- Cherokee Indian Hospital
- Harris Regional Hospital
- Highlands-Cashiers Hospital

For more information on Mission Hospital’s Stroke Center’s services, visit [missionhealth.org/stroke](http://missionhealth.org/stroke).
Do You Have a “Leaky Heart”?  
6 things you should know about this heart issue

By Robert A. Poarch

Our heart works hard, beating more than 100,000 times and pumping about 2,000 gallons of blood each day. During the day, we don’t think much about our heart. Until it starts to give us problems, such as a “leaky heart.”

1 What it means to have a leaky heart valve. “A ‘leaky’ heart valve refers to a valve that is allowing some proportion of blood flow to go ‘backward’ in the wrong direction (i.e., regurgitant) as the heart is beating,” said Michael Chenier, MD, MPH, a structural interventional cardiologist at Asheville Cardiology Associates. This can happen in any of the four valves in the heart. Valvular regurgitation severity is determined by various measurements and findings on echocardiography (ultrasound imaging of the heart) and is graded as trivial, mild, moderate or severe. “Severe valvular regurgitation can have deleterious effects on the heart, including the development or worsening of congestive heart failure with symptoms of shortness of breath, exertional fatigue and other problems,” said Dr. Chenier.

2 Mitral valve regurgitation is the most common valve disease in the United States. Mild mitral regurgitation affects up to 20 percent of healthy people and has no clinical consequence. Nearly 10 percent of people age 75 or older have moderate to severe mitral regurgitation, which is of clinical concern.

3 Signs of valve regurgitation are similar to congestive heart failure. “Symptoms include shortness of breath, fatigue with exertion, swelling in the lower extremity (edema) and sometimes abnormal heart rhythms, like atrial fibrillation,” said Dr. Chenier.

4 Regurgitation in the heart can be related to your age, a birth defect or heart disease. “Most often, the leak in the valve is caused by stretching of the left-sided chambers of the heart due to congestive heart failure causes, like a heart attack,” said Dr. Chenier. “Or anatomic problems with the mitral valve itself, such as stretching or tears.” If this extra strain on your heart is left untreated, heart failure can occur.

5 There are several ways to detect mitral valve regurgitation. Common forms of diagnosis include echocardiogram, cardiac MRI and certain types of stress tests.

6 The treatment goal is to minimize symptoms and avoid the conditions getting worse. Medication will likely be prescribed to help manage your symptoms. Open heart surgery to repair or replace the mitral valve is the most common method to fix mitral regurgitation. For some patients, less invasive techniques are available, which include MitraClip. Your doctor may suggest mitral valve repair or replacement. “Transcatheter mitral valve repair with MitraClip or mitral valve replacement with certain devices are inpatient minimally invasive procedures,” said Dr. Chenier. “The MitraClip is inserted into the mitral valve from the femoral vein in the leg. Patients typically are discharged home after one night in the hospital.”

IBM Watson Health has recognized Mission Heart as a 50 Top Cardiovascular Hospital. To learn more about the Advanced Cardiac Care Clinic, call 828-213-0152 or visit missionhealth.org/heartstrongMHL.

Risk Factors for “Leaky Heart”

- Family history of mitral valve problems
- Having a heart attack or heart disease
- Having had endocarditis or rheumatic fever
- Born with an abnormal mitral valve
- Natural mitral valve deterioration due to age

Do you know your heart health? Take our online quiz to find out your risk factors and what you can do help you make your heart healthy at missionhealth.org/heartstrongMHL.

By Robert A. Poarch

Do You Have a “Leaky Heart”?  
6 things you should know about this heart issue

By Robert A. Poarch
Finding a loved one unconsciousness or shaking uncontrollably, or losing track of time yourself can be worrisome,” said Anna-Marieta Moise, MD, an epileptologist and neurologist with Mission Neurology. Because epilepsy is a neurological disorder known for recurring seizures, it is easy to mistakenly conclude all seizures are epilepsy.

“Not all people who appear to have seizures have epilepsy. A few disorders are confused with epilepsy and can be just as serious,” said Dr. Moise. “Because treatment differs from epilepsy, having an accurate diagnosis and getting prompt treatment is really important.”

A Closer Look at Seizures
Seizures are caused by abnormal electrical activity in the brain and result in loss of consciousness, convulsions, unexplained urination or biting of one’s tongue. More subtle signs of epilepsy include odd sensations like tingling on one side of the body, inability to speak, a blank stare for several seconds or difficulty word-finding.

Seizures are diagnosed using an electroencephalogram (EEG), and evidence of seizure “foot prints” can be detected even when a seizure is not happening. “Most patients with epilepsy are treated with anti-seizure medications and lead very productive lives,” said Dr. Moise.

Common Medical Conditions Mistaken for Epilepsy
**Provoked seizure.** This is a single seizure caused by low blood sugar, abnormal electrolytes, a high fever or alcohol use. Medically managing these conditions can reduce risk of future seizures.

**Syncope.** Also known as fainting, syncope occurs for a variety of reasons. Treating the underlying cause such as low blood pressure or heart disease can reduce future episodes.

**Psychogenic nonepileptic episodes.** Trauma or stress can easily be confused with epilepsy. Cognitive behavior therapy with a counselor, psychologist or psychiatrist is an effective treatment option.

“If you’re having a seizure-like episode for the first time, it’s important to call 911,” said Dr. Moise. “Talk with your primary care doctor about a referral to an epilepsy specialist.”

Mission Epilepsy Monitoring Unit
Mission Hospital offers extensive seizure diagnosis capability in its 5-bed inpatient unit. Patients are admitted to a private room in this specialized area of the hospital for one to seven days. Patients are evaluated using an EEG under the care of a certified epileptologist and registered EEG technologists.

While admitted, the team attempts to induce an episode and brain activity is recorded using the EEG. The specialized medical team evaluates results to confirm a diagnosis.
DELIERTING ON THE PROMISE.

Investments year one:

- Total capital investment: $139.9M
- Total community benefit grants: $1.7M
- Additional property taxes paid: $7.5M
- Investments in the most advanced robotic surgery: $7.7M
- New physicians recruited to Mission Health: 100 new providers, including specialists in cardiology, surgery, gynecology and primary care
- Minimum wage increased to $12.50/hr
- Infrastructure investments: opened new Mission Hospital North Tower, laying groundwork for new Behavioral Health Hospital, land purchased for new Angel Medical Center in Franklin
- New, larger helicopter added to the MAMA fleet
- On track to become the only Level I Trauma center in the region
- Approximately $500,000 in employee student loan relief
- Approximately $150,000 in emergency grants for staff in crisis
Calendar of Events

March through May 2020

All events are free unless noted. Events and dates subject to change.
For a full list of Mission Health’s events, visit calendar.missionhealth.org.

BLOOD DRIVES

Angel Medical Center
Mar 6, May 1, 9 am-2 pm
120 Riverview St., Video Conference Room, 3rd Floor, Franklin

Blue Ridge Regional Hospital
Mar 23, May 18, 11 am-1:30 pm
125 Hospital Dr., Bloodmobile in hospital parking lot, Spruce Pine

Mission Health Business Office
Apr 2, 11 am-3 pm
50 Schenck Pkwy., Asheville

Mission Hospital
Apr 23, 7 am-noon and 1-6 pm
501 Biltmore Ave., Lobby, Mission Hospital, Asheville

Mission Hospital McDowell
Apr 30, noon-5 pm
430 Rankin Dr., Bloodmobile in hospital parking lot, Marion

Transylvania Regional Hospital
Mar 12, May 7, 9 am-2 pm
260 Hospital Dr., Carlson Conference Room, Brevard

SUPPORT

Asheville Aphasia Support Group
Mondays, 10-11 am
Grace Presbyterian, 789 Merrimon Ave., Asheville
828-684-9619 or Ednatp@aol.com

Brain Injury Support Network
1st and 3rd Wednesday of each month, 4-5 pm
CarePartners Rehabilitation Hospital, 68 Sweeten Creek Rd., Family Conference Room, Asheville
Contact Karen Keating at 828-337-0208 or Karen.keating@bianc.net

Cancer Survivors Support Group
2nd Thursday of each month, 4 pm
Transylvania Regional Hospital, 260 Hospital Dr., Newland Conference Room, Brevard
Contact Joelle Cleveland, BSN, RN, OCN, at Joelle.Cleveland@msj.org or Nancy.Kearls@msj.org

Diabetes Support Group
2nd Tuesday of each month, 4-5 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
For more info, call 828-369-4181

Growing through Grief Support Group
2nd and 4th Tuesday of each month, 2:30 pm
Transylvania Regional Hospital, 260 Hospital Dr., Chapel, Brevard
For more info, contact Amanda Alexander, LCSW, at Amanda.Alexander1@hcahealthcare.com or 828-883-5284

Hearing Loss Support Group
1st Wednesday of each month, 9 am-12 pm
CarePartners Seymour Auditorium, 68 Sweeten Creek Rd., Asheville
For dates and times, contact Ann Karson at 828-665-883-5284 or akarson57@gmail.com

Limb Loss Peer Support or Clinical Consultation
Coordinated by request. Multiple locations.
Contact a CarePartners certified prosthetist at 828-274-9567 ext. 41101, or Robin.Smith9@HCAHealthcare.com

MEN’S HEALTH

Men’s Night Out: Just Breathe
Mar 24, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
For more info, call 828-349-6688

Men’s Night Out: Pain Clinic
May 26, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
For more info, call 828-349-6688

NAMI Connection Group
Peer-led support group for adults living with mental illness.
2nd Tuesday of each month, 6:30-8 pm
Transylvania Regional Hospital, 260 Hospital Dr., Behavioral Health Group Room, Brevard
Contact Kathryn Speckman at namitransy@gmail.com

NAMI Family Support Group
Peer-led support group for families of individuals living with mental illness.
2nd Tuesday of each month, 5-6:30 pm

NATIONAL HEALTH

Spinal Cord Injury Support Group (Patients and Caregivers)
3rd Thursday of each month, 11 am-noon
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 each month, 12:15-1 pm
CarePartners, 68 Sweeten Creek Rd., Family Room, Asheville
Contact Robin Smith at 828-274-9567 ext. 41101, or Robin.Smith9@HCAHealthcare.com

Stroke & Neurological Disorders Support Group
1st Wednesday of each month, 2-3 pm
Angel Medical Center, 120 Riverview St., Cafe, Franklin
For more info, call 828-369-4171

WEIGHT MANAGEMENT

Mission Weight Management offers free surgical and medical weight-loss classes.
To find out times and days, call 828-213-4100 or visit missionweight.org.

WOMEN’S HEALTH

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

Ladies Night Out: Just Breathe
Mar 24, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
For more info, call 828-349-6688

Ladies Night Out: Pain Clinic
May 26, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
For more info, call 828-349-6688

Ladies Night Out: You Go Girl
Apr 29, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
For more info, call 828-349-6688

Transylvania Regional Hospital, 260 Hospital Dr., Behavioral Health Group Room, Brevard
Contact Kathryn Speckman at namitransy@gmail.com

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Ladies Night Out: Pain Clinic
May 26, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
For more info, call 828-349-6688

Ladies Night Out: You Go Girl
Apr 29, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
For more info, call 828-349-6688
Making a Beautiful Memory
Going out of the way for my Poppop
By Caitlyn Fredere

When my husband, Jeremiah, and I got engaged in January 2019, my great-grandparents were the first people I called. I never had a father or grandfather, so my Poppop filled all those roles. Soon into the planning process, I told him I wanted him to walk me down the aisle. He’d always set goals for himself based off of my life milestones, such as graduating college, graduate school and my wedding.

We originally planned for a fall 2020 wedding, but it soon became clear that the process was very expensive and stressful, and Poppop started having some health issues, so we decided to have a courthouse wedding and a small reception in September 2019. Poppop wasn’t doing great, so eventually we decided it would be safest for Nana and Poppop to stay home and not attend the reception, and we would take pictures afterward.

However, even that plan was scrapped in August when Poppop was admitted to the hospital for painful swelling in his stomach. It was determined he likely had an aggressive cancer in his GI tract. The night after his admission, he went into V-tach [ventricular tachycardia] and had a stroke that left him unable to speak.

As I prepared to go to the hospital four hours away, I wondered if a wedding at the hospital would be possible. I called Jeremiah and found out he had thought the same. We made some phone calls and got the local magistrate to clear his schedule and meet us at the hospital.

The staff at the hospital had gone out of their way to decorate the room, purchase a cake, make a bouquet and sign a card. Poppop hated the thought of us changing plans for him, but I know it meant so much to him. He even told his nurse the night before that his only regret was not making it to my wedding.

It’s not how I imagined my wedding day, but it was so important to me that he was there to experience one of the most important moments of my life. My husband and I, as well as the rest of my family, are profoundly grateful for the staff at Blue Ridge Regional Hospital for making a beautiful memory out of a terrible situation.

For the week after my ceremony the staff continued to go out of their way for my Poppop and my family to keep us all as comfortable as possible until his passing. I am a dietitian at a nursing home, and this experience has inspired me to seek out ways to go above and beyond for my own residents. I am so honored to share my story with fellow healthcare professionals so they too can think of ways (even if unconventional) to help their patients.

Have a great Mission Health story like Caitlyn’s to tell? Email us at MyHealthyLifeMagazine@msj.org.
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