Hello Winter!

Don’t Let the Holidays Derail Your Weight-loss Goals

Preventing Cervical Cancer

Alzheimer’s Know the Facts

Plus
- Quitting smoking
- Sleep apnea
- Hospice support team
- Winter slope safety

WINTER 2020
More options to find the care and doctor you need

- **Gender**
  Find a doctor who identifies with a preferred gender

- **Location**
  Find a doctor close to home or work

- **Condition/specialty**
  Find a doctor based on your symptoms/conditions or search by specialty

- **Insurance**
  Find a doctor who accepts your insurance

To find and schedule your next appointment, visit missionhealth.org/doctor
Winter 2020

3 . . . It's My Privilege
Greetings from Chad Patrick,
CEO, Mission Hospital

4 . . . Ask the Doctor
Joseph Buell, MD, a general surgeon with
Mission Surgery, answers some questions
about robotic surgery

6 . . . A Special Bonding
Kangaroo care gave Neonatal ICU baby Josephine
a steady start

10 . . . 5 Worst Ways to
Derail Holiday Health
Try these tips to stick to your weight-
management plan

11 . . . Are You Prepared
for Flu Season?
Here's what you need to know to keep well

12 . . . Rare Disease, Rare Specialist
Peggy Burns finds help close to home
for her sarcoma

16 . . . 10 Reasons to Quit Smoking

20 . . . Handle with Care
Managing cold and flu season for mothers-to-be

21 . . . One of the Most
Preventable Cancers
Cervical cancer and what you can do

22 . . . Are You Tired of Being Tired?
Sleep apnea may be the problem — here’s the cure

8 'Tis the Season
23 . . . Heart Choices
Could LVAD be right for you?

24 . . . Alzheimer’s Affects
More Than Memory
Patti Wheeler, MD, helps separate fact from fiction

25 . . . A Team of Your Own
Receiving personalized help in navigating end-of-life concerns at CarePartners Hospice

26 . . . Critical Access Hospitals Q+A
Michele Pilon, MS, BSN, RN, NE-BC, CEO and CNO of Transylvania Regional Hospital, talks about serving our community

27 . . . 10 Reasons to Consider a Skilled Nursing Center
Dementia Care at the Eckerd Living Center

28 . . . Staying Safe on the Slopes
Top tips for skiing and snowboarding

30 . . . Winter Calendar

32 . . . Feels Like Home to Me
Emergency department volunteer finds that little things make a big difference

Your Healthy Life Matters

What would like to know about in future issues? Email us at MyHealthyLifeMagazine@msj.org or fill out the response card between pages 24-25.

This year may be ending soon, but we’re starting out this issue with news of what’s ahead. Before we get to the New Year, though, let us help you get through the holidays. On page 5, we have tips that will help you avoid derailing your weight loss during the holidays. We also have healthy seasonal recipes beginning on page 8.

’Tis also the season for cold and flu, so on page 11 we’ll show you how to prepare for this year’s flu season. We also have special cold-and-flu advice for mothers-to-be on page 20.

Once the holidays are past, you may want to leap into the New Year on the slopes. Turn to page 28 to learn how to safely engage in fun winter activities. This is also the optimal time of year to quit smoking; head over to page 16 to read our best reasons for quitting.

As always, you’ll also find plenty of inspirational stories in our pages, as well as hope for a healthy year to come. On page 12, you can learn about one of our specialists who brought relief to a sarcoma patient. And on page 21, find out more about preventable cancers.

Don’t miss information on our many services and facilities, like hospice, page 25, critical access hospitals, page 26, and skilled nursing facilities, page 27.

Here’s to a healthy and merry season of being well, getting well and staying well!
I am privileged to have joined Mission Health in July as the new CEO of its flagship, Mission Hospital. In this role, I’m keenly aware that I stand on the shoulders of generations of leaders in this community who, since 1885, have been relentlessly committed to the provision of world-class healthcare for the people of western North Carolina.

The Ladies of the Flower Mission who started what became Mission Hospital surely couldn’t have imagined how their vision would grow over the next 134 years, up to and including the latest milestone: our recent opening of the Mission Hospital North Tower on the Memorial Campus. This state-of-the-art facility provides our patients with an environment completely centered on their health, healing and well-being. It includes surgical suites with the latest technology, an expanded emergency department, and areas of respite and restoration to care for our patients’ minds, bodies and spirits.

Since arriving, I’ve been busy working with my executive team. As the new guy, I’ve been inspired by their vision and dedication to assuring excellent clinical care and finding innovative solutions to improve the lives of our community.

Making personal connections is important to me. I’ve spent a lot of time rounding on our clinical units, getting to know our patients and their family members, as well as our team members. I’ve been encouraging them to offer their ideas for improving our processes, all with an eye to enhancing the patient experience and clinical outcomes.

Mission Health’s partnership with HCA Healthcare means we are better able to serve the people of this region far into the future. We’re honoring and building on the legacy that’s already here, while working to improve care beyond what we could do alone.

It’s my privilege to lead this wonderful hospital, and I am looking forward to getting to know my new neighbors here.

About Chad
Education: Masters of Healthcare Administration, University of Central Florida; BS in respiratory therapy from Ohio State University
Years at HCA Healthcare: 10
Family: Wife Carrie, and one daughter and four sons
Away from the office: I love traveling all over the world, but I am most at peace at Lake Erie with my family. I enjoy reading and walking my dogs.
Playlist favs: I am a child of the 80s, but you’ll almost always find me grooving to the 90s when I’m alone in the car. Favorite artists include KISS and Phil Collins.
Ask the Doctor

Joseph Buell, MD, a general surgeon with Mission Surgery, answers some questions about robotic surgery.
Q What benefits does robotic surgery offer surgeons and doctors?
A Robotic-surgery technology enables surgeons to perform complex surgical procedures with enhanced vision, precision, dexterity and control. Therefore, patients recover quicker and have lower rates of infection.

Q What kinds of procedures or services will the robot be used for?
A The robot will be used for colon, pancreas, liver, hepatobiliary, hernia, gastric and esophageal surgeries.

Q How does this technology affect recovery time?
A Robotic-assisted surgery not only provides the benefits of minimally invasive surgery, but patients are able to return back to work sooner with a better quality of life than previously experienced with minimally invasive surgery.

Q What are some potential risks of robotic surgery?
A All surgeries have potential complications. Robotic surgery is one of the most advanced surgical techniques used today, and in the hands of well-versed and highly trained surgeons and technicians it’s as safe as any other surgical device.

Q What does the robot look like to you?
A The robot to me looks like a happy busy surgeon with four arms that are used to control working instruments and a camera. The three-dimensional imaging system and camera technology allow pinpoint accuracy.

Q What would you like patients who may be skeptical about robots and surgeries to know?
A Robotic surgery is at the forefront of medical technology, and numerous people travel worldwide to have robotic surgery in the US and at Mission Health. This gives us the essential tools to provide the most modern and up-to-date surgical care, and provide us with a platform to expand into the next century.

Q What is our surgical team’s philosophy of patient care and the patient experience?
A Our patients are always first! Mission Health looks to provide the highest quality care close to home, where your loved ones are by your side with HCA Healthcare’s over 50 years of clinical experience to make the best decisions for your health and your family members.

For more information about robotic surgery at Mission Health, visit missionhealth.org/roboticsMHL.
A Special Bonding
Kangaroo care gave Neonatal ICU baby Josephine a steady start

By Cheri Hinshelwood
Most expectant parents don’t prepare for their newborn to go into the Neonatal Intensive Care Unit (NICU) after labor,” said Caroline Twiggs from Weaverville. “Now I tell friends they should tour the NICU.

High blood pressure and a prolonged delivery were hard on Twiggs and her husband, Michael Whetsell. But when baby Josephine showed distress, an unplanned C-section became the new plan.

The New Plan
Once Josephine was born August 10 at 1:11 am, the Mission medical team worked on her for 27 minutes. Dad knew something was wrong when they put her on oxygen and began rubbing her body to help her begin breathing.

The team also cleaned away a sticky substance called meconium from her mouth, nose and stomach, which she had breathed in during the birthing process. Meconium is babies’ first bowel movement, and when babies are under stress during labor, it can be found in the amniotic fluid. When it is breathed inside the baby’s lungs, like with Josephine, it affects their breathing and other issues such as lower blood sugar levels.

This family had looked forward to the family-centered care at Mission where babies stay with their parents after birth. “That’s one of the reasons I was super excited to deliver at Mission,” said Twiggs.

“We were at a loss, confused and sad,” said Whetsell. “I went up to see her as soon as possible, and then began the next 13 days of going up multiple times a day, spending time and checking on her in the NICU.”

“Having a sick baby is very worrisome,” said Sarah Perkins, RN, BSN, a Mission Children’s Hospital NICU nurse. Perkins feels it’s a calling for her to care for NICU babies and their families.

Skin-to-Skin Care
“Kangaroo care, or skin-to-skin contact, is a way parents can provide care for their newborn,” said Perkins. “Outcomes are markedly better for babies who experience the loving touch and closeness of their parents.”

The first time Josephine snuggled up to her mom in the NICU, there were numerous wires coming from her tiny body. It took some help getting Josephine positioned on her mom’s bare chest in a recliner in the unit.

“A blanket and my nightgown zipped up around her kept her warm,” said Twiggs. “She just laid there on my chest for about two hours. It was such a sweet moment.”

Skin-to-skin contact with babies has been proven to help stabilize babies’ body temperature, maintain normal blood sugars, stabilize vital signs and achieve normal breathing patterns.

“It was good for me and for her,” said Twiggs. “Once she snuggled in with us, her breathing started to regulate and would match ours. Her heart rate calmed down.”

“Babies know their parents are there and loving on them,” said Perkins. “They feel their parents’ presence, and it truly helps improve their outcomes, which can be critical for very sick, tiny or premature babies. Parents have something to look forward to.”

Mission Health and Babies

- A little over 4,000 deliveries occur at Mission each year.
- The level III Neonatal Intensive Care Unit (NICU) has over 900 admissions each year and serves high-risk infants born in all 18 western North Carolina counties.
- The infant transport team averages about 200 high-risk infant transports each year.
- Nearby sleeping rooms make it easy for new parents to be close to their babies in the NICU.

Daddy-Daughter Time
This is especially true for dads who have a limited role in the NICU when moms are focusing on using a breast pump to provide breastmilk for their baby.

“One time I realized my husband hadn’t held our daughter in over 24 hours,” said Twiggs. “As soon they put Josephine on his chest, the stress he was feeling just rolled off his face. It was really magical.”

“Kangaroo care also increases parents’ comfort and confidence levels as they prepare to take their babies home,” said Perkins. “They know their babies cues and signals.”

“We had the most incredible nursing staff that advocated for us and our daughter,” said Twiggs. “It was an amazing experience.”

“We see miracles every day, overcoming all odds and exceeding expectations,” said Perkins. “It’s very moving.”

To learn more about all of the pediatric experts at Mission Children’s Hospital, visit missionchildrens.org.
’Tis the Season
Warm up winter with these healthy dishes
By Mary Lindsey Jackson, RN, LDN, Clinical Nutritionist Educator for Mission Weight Management — 828-213-4100 or missionweight.org

Find more healthy recipes at blog.missionhealth.org.

Spaghetti Squash with Homemade Marinara Sauce

ingredients
1 spaghetti squash, cut in half and seeds scooped out
1 28-oz can San Marzano peeled tomatoes
1 clove garlic, chopped
pinch red pepper flakes
1 Tbsp olive oil
2 Tbsp fresh basil, chopped

preparation
Preheat oven to 400 degrees F. Mist or rub olive oil on inside of spaghetti squash, and place spaghetti squash cut-side down on baking sheet. Bake in the oven for 45-60 minutes, depending on thickness of squash. Remove from heat when finished baking and let cool. Use a fork to scoop out and shred the flesh of squash.

Heat 1 Tbsp olive oil in large pan over medium heat. Add garlic and red pepper flakes, and cook for about 1 minute until garlic is fragrant. Add can of tomatoes and use wooden spoon or fork to help mash tomatoes. Turn down heat slightly and let simmer for 30-40 minutes while squash is cooking, stirring occasionally. When the sauce reaches desired thickness and consistency, add pinch of salt and fresh basil.

Serve over spaghetti squash. Add grilled chicken, fish or white beans to dish for a meal, or serve as a side.

4 servings
Nutrition information: 98 calories; 3.7 g fat; 14 g carbohydrates; 2.5 g fiber, 6.6 g sugar, 2.1 g protein
### Pomegranate Salsa

**Ingredients**
- 1 cup pomegranate arils
- ½ nectarine, peach or Fuji apple, finely chopped
- 1 Tbsp finely chopped red onion
- 2 tsp finely chopped jalapeño pepper, optional
- 2 tsp pomegranate molasses (or 2 Tbsp pomegranate juice)
- ¼ tsp salt
- ½ tsp freshly ground black pepper
- ¼ cup chopped cilantro

**Preparation**
In a bowl, use fork to combine pomegranate arils, nectarine, onion, jalapeño (if using), pomegranate molasses, salt and 3-4 grinds of pepper. Mix in cilantro. Let salsa sit for 10 minutes so flavors can meld.

Serve as accompaniment with chicken, turkey, pork chops or grilled shrimp. This also makes a great dip for whole wheat pita chips. Sprinkle over green salad, combine with cooked quinoa or add a spoonful to garnish a bowl of butternut squash soup. Salsa keeps for 2 days, tightly covered in refrigerator.

**4 servings (2 Tbsp)**

Nutrition information: 19 calories, 1 g total fat (0 g saturated fat), 4 g carbohydrate, 1 g protein, 1 g dietary fiber, 60 mg sodium

Courtesy American Institute for Cancer Research

Photo by Liz Nemeth

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### Walnut-encrusted Tilapia

**Ingredients**
- 1 Tbsp extra virgin olive oil, divided
- 1 large egg
- zest of 1 lemon
- 1 clove garlic, finely chopped
- 1 Tbsp freshly grated Parmesan cheese
- salt and pepper to taste
- ¼ cup finely chopped walnuts
- ⅔ cup whole wheat bread crumbs
- 1 lb tilapia

**Preparation**
Preheat oven to 425 degrees F and coat baking dish with 1 tsp olive oil. Beat egg in mixing bowl and add lemon zest, remaining olive oil, garlic, Parmesan cheese, salt and pepper. Mix walnuts and bread crumbs in a large bowl. Dip fish into egg mixture. Then dredge in crumb-nut mixture, coating both sides well. Place breaded filets on prepared cooking dish. Bake for 17 minutes (or until inside of filet appears opaque) and serve.

**4 servings**

Nutrition information: 253 calories, 11 g total fat (2 g saturated fat), 11 g carbohydrate, 27 g protein, 2 g fiber, 148 mg sodium

Courtesy American Institute for Cancer Research

Photo by Liz Nemeth
5 Worst Ways to Derail Holiday Health

Try these tips to stick to your weight-management plan

By Sonia Humphrey, MD

It seems inevitable to most people: You will gain weight during the holidays. It’s a season that offers plenty of opportunities to indulge in fattening food while at the same time offers challenges to physical activity. But this can be the year you don’t gain weight during the holidays. To combat common self-sabotage thoughts listed below, try these strategies to overcome:

1. **The holidays are a break from my weight-loss plan.** We call this “all or nothing” thinking. You can avoid this trap by planning small portions of your favorite “only come around once a year” foods. Pick your absolute favorites and have a small amount. Use tricks like small plates or having someone else portion desserts for you. Keep doing your regular activity. If you “take a break” during the holidays, that will end up being 2-3 months, which is too long.

2. **Modifying the recipe takes too much effort.** Aunt Betty’s apple pie may be off limits to modify, but other favorite family foods may be open to adjusting for healthier versions. Plan your recipes while thinking of how you could substitute grilling for frying, avoid high-salt and high-fat sauces and toppings, increase vegetables and decrease sugar. There are lots of online suggestions for making healthy holiday foods that are both tasty and weight friendly.

3. **There is so much good food everywhere, I have to eat it.** Try to avoid impulsive eating. Plan your food for the day the night before. If you know there will be a splurge coming up, stay on your regular eating as much as you can, which will actually help you eat less of the splurge food because you won’t be so hungry and your brain won’t think “I haven’t eaten all day, so I can go for it!” Plan ahead to have a small dessert or drink of alcohol. Walk outside to take a food break, and keep hydrated. If you do overdo it, don’t beat yourself up, just get back on track for the next day.

4. **I have company in town, so it’s rude to leave them to exercise.** This is a common reason I hear from patients to not exercise. While it’s wonderful being with loved ones you don’t see often, I doubt they would want you to give up your self-care. Modify when and where you exercise, but don’t abandon it. Maybe you’ll have to get up earlier or go during downtime. Invite company to go with you to the gym or build fun activity into your holiday plans! You might be surprised how many will appreciate your efforts.

5. **It’s too cold outside to exercise.** Winter in general presents many challenges to exercise, and adding the holidays on top of that can be extra difficult. Your schedule is busier than usual, plus it’s cold and dark outside. This is a time to overcome your obstacles. Bundle up, exercise indoors, switch to in-home videos or whatever it takes to modify your plan.

To get started with your life-changing weight-loss journey at Mission Weight Management, call 828-213-4100 or visit missionweight.org.

Weighing yourself every morning is an important way to avoid holiday weight gain. If the weight is going up, you’ll need to make some adjustments. You’ll be glad that you did heading into 2020!
The 2017-2018 flu (influenza) season was one of the deadliest with 48.8 million reported cases and 79,400 deaths, according to the Centers for Disease Control and Prevention. Annually, mortality is about 6,515.

“Because flu evolves from year to year, it can be extremely hard to build immunity,” said Beverly Ramey, NP, family nurse practitioner at Mission Community Primary Care - Highlands.

That’s why getting the flu vaccine is so important, especially for at-risk populations — babies, children and older adults. A nasal mist is also available for certain groups.

**How It Spreads**
Flu spreads easily from person-to-person up to six feet apart when an infected person sneezes or coughs. Water droplets carrying the virus reach another person’s eyes, nose or mouth to spread the disease. The virus can also live on surfaces for up to 24 hours.

**Serious Signs**
“What makes flu so serious is that it causes respiratory distress and can lead to pneumonia,” said Ramey.

Certain groups are harder hit by flu, such as babies, those 65 or older with conditions like COPD and diabetes, those with chronic conditions like asthma, and pregnant women.

Body aches, fever or chills, congestion and cough are telltale signs of flu. “More serious complications include pneumonia or respiratory distress or kidney failure. Gastrointestinal symptoms are rare,” said Ramey.

**Preventing the Flu**
Get vaccinated. With the vaccine, your risk of getting the flu decreases. If you do get it, it will be less severe, and you’ll help protect those who can’t get the vaccine like babies under 6 months old.

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**Don’t Spread the Flu**
- Stay home if you’re sick.
- Wash your hands frequently.
- Avoid touching your face, mouth, nose or eyes.
- Cover your mouth with a tissue, or sneeze or cough into your sleeve.
- Help prevent the flu by getting your vaccine.

**Establishing an early relationship with a primary care physician allows you to focus on prevention and health. Learn more about primary care at missionhealth.org/primarycare.**

**Beverly Ramey, NP, is family nurse practitioner at Mission Community Primary Care - Highlands.**
Peggy Burns had a nagging pain above her right knee that gradually got worse. She saw doctors and tried physical therapy, but nothing brought lasting relief.

“It got so bad I could not lift my kids,” the former special education teacher said, referring to her students. “It was hard even to walk around the hallways without the area above my knee hurting.”

In 2015, after the pain forced her retirement at age 61, Burns finally found a specialist who pinpointed her problem — Donald Gajewski, MD, at Mission Musculoskeletal Oncology. The shocking answer: sarcoma, a rare type of cancer.

“I had never even heard of sarcoma,” Burns said.

Burns was fortunate to land at the right place at the right time to get a proper diagnosis. Dr. Gajewski is a specialist in cancers of the bone and connective tissues. Dr. Gajewski had just joined Mission when Burns, who lives in Johnson City, Tennessee, sought help from another doctor in the practice, T. Marcus Barnett, MD, a graduate of the high school where she had taught. Dr. Barnett referred her to the practice’s new specialist.

“The day I met Dr. Gajewski, I knew instantly he was the one who was going to take care of me,” Burns said. “He is brilliant, humble, caring and gives his heart and soul to every patient he touches.”

One in a Million
His first step was to order an MRI of Burns’ leg, which showed a 6-centimeter mass above the knee. “Dr. Gajewski told me that 99 percent of these things are benign, but the 1 percent — we were not taking any shortcuts,” Burns said. His next step, a needle biopsy, found advanced synovial sarcoma, an especially rare type of sarcoma that is diagnosed in just 1 to 3 of every million people.

Dr. Gajewski performed surgery to remove the mass. That was followed by radiation and a series of surgeries to close the wound. Because sarcoma often recurs or spreads, Burns will continue follow-up appointments and imaging studies for 10 years. In 2018, an MRI showed a small recurrent sarcoma in her leg, and Dr. Gajewski operated to remove it.

“We caught her recurrence very early and were able to take her to the operating room to completely remove it,” he said. “That’s why surveillance is so important. You want to identify any recurrence early.”

Specialty Care Close to Home
The only musculoskeletal oncologist in western North Carolina, Dr. Gajewski relocated to Asheville after 21 years in the Army, where he worked primarily with amputees. His goal was to practice musculoskeletal oncology in a setting where he could help people who otherwise would have to travel hours to see a specialist. Because sarcomas are so rare, most specialists are in university medical centers.

“I’ve already met two or three people who would never have gone to a big center,” Dr. Gajewski said. “Just coming to Asheville was a chore for them. Now we can offer them a service they don’t have to travel for. They can come here and get the same level of care they would get at a university center.”

Burns is thankful to have found a specialist with Dr. Gajewski’s level of expertise — and happy to be free of pain. “This was a time when God came down and put a puzzle piece together for me to meet him,” she said. “I don’t think anybody would have ever figured out my leg if it was not for him.”

Mission Cancer provides cancer prevention, diagnosis, treatment, supportive care and survivorship with an emphasis on convenience for our patients and their families with a team approach to cancer care. To learn more about our services, visit missionhealth.org/cancer.

Donald Gajewski, MD, is a board-certified surgeon at Mission Musculoskeletal Oncology.
Sarcoma
Don’t Ignore That Bump

The first sign of this type of cancer is often a lump or swelling. Don Gajewski, MD, advises patients not to ignore a lump or bump that is unusual, painful or getting bigger or an injury that doesn’t get better. “If it doesn’t get better, it’s worth a work-up,” he said.
Michael Nakamura credits Angel Medical Center’s Pulmonary Rehabilitation Program for improving his quality of life after COPD

By Carolyn Comeau

Michael Nakamura’s “can do” attitude is contagious, but until he signed on as a participant in Angel Medical Center’s Pulmonary Rehabilitation Program, he was anything but energetic. “In 1999, I got diagnosed with chronic obstructive pulmonary disease, or COPD, a disease that makes you struggle for air,” said Nakamura. “It got worse and worse, until I was at stage 4. The first moment I felt at all winded, I’d rest for the remainder of the day.”

Facing New Challenges
Nakamura, age 68 and a veteran, was unceremoniously cut off from doing the things he loved, one by one, as his COPD progressed. He’d always loved fishing, hiking and biking, but eventually even a walk through the supermarket proved impossible. “Home maintenance was out, too. We had to hire a handyman and yard care person. I did so little that my quality of life suffered tremendously. It was devastating,” said Nakamura.

The worst part by far was no longer being able to travel to see friends and family, especially his beloved grandchildren. “Flying was out of the question,” said Nakamura. “I couldn’t walk through the airport, and in-flight air pressure changes can worsen COPD.”

The challenges mounted as Nakamura’s wife faced her own health problems, including an epilepsy diagnosis and two knee replacement surgeries. “I didn’t have the luxury of getting too discouraged, because as her caretaker, I couldn’t let her down,” explained Nakamura.

A Ray of Hope
Nakamura’s luck shifted when his VA Hospital pulmonary specialist approached him about the Angel Medical Center (AMC) Cardiopulmonary Rehabilitation Program. “I’d tried everything medicine had to offer, from nebulizers to bottled oxygen. Nothing prevented my flare-ups,” said Nakamura. “I was averaging monthly or weekly trips to the ER, so I decided to give rehab a shot.”

Nakamura connected with Amanda Pack, RN, Cardiopulmonary Rehabilitation Program manager, who invited him to the rehab center to learn more. “When I saw all the equipment, it was slightly intimidating. Then I thought if something went wrong, the nurses were there to help me,” said Nakamura.

Pack considered Nakamura a perfect rehab candidate. “Our program treats both cardiac and pulmonary patients. Treatment and care are patient-centered, and that contributes to their success,” said Pack. “We set out to educate our patients about the physical and emotional aspects of their condition, empower them to partner with their caregivers in managing it and always provide support and encouragement as they strive to reach their goals.”

To learn more about the Angel Medical Center Pulmonary Rehabilitation Program, call 828-349-8290 or visit the facility at 55 Medical Park Drive, Suite 100, in Franklin. Walk-in visitors are always welcome and get a tour of the facility.

It’s All Good
Pack explained that Nakamura would set his own goals, learn COPD management strategies and be supported throughout the program.
Amanda Pack, RN, is Angel Medical Center Pulmonary Rehabilitation Program manager.

“From the first time I stepped on the treadmill, there was no pressure from Amanda,” he said. “We set it at a comfortable level for me. I was hooked up to monitors that measured my oxygen level and blood pressure. The wonderful staff carefully watched my exertion level.”

Rehab became Nakamura’s safety net as he set ambitious goals for the 36-session program: to increase his stamina and endurance, and to walk one mile, uninterrupted, by his final session.

Pack was impressed by Nakamura’s commitment. “It’s key,” she said. “We’re privileged to watch patients’ confidence increase during the program.”

At his 26th session, Nakamura announced that he’d attempt his one-mile goal early. “After 20 minutes, my oxygen level nosedived. But, I wanted to try to work through it. My nurses were right there and helped me work through my symptoms with breathing techniques. They stayed by me constantly, assessing how I felt and monitoring my oxygen level and heart rhythm. At 26 minutes, I reached a mile. It felt like winning the lottery!” he said.

A New Lease on Life
Nakamura’s most treasured rehab-related dividend was visiting his grandsons in Virginia and Los Angeles. “It was the first time since my grandsons’ births I’d been able to play and keep up with them,” he said.

Nakamura will feel pride wearing the festive inflatable gold crown that rehab graduates sport, but wistful, too, because he’ll miss his rehab teammates and the staff. He also plans to spread the word about the program to fellow VA patients.

Pack couldn’t be happier for Nakamura. “When Michael started with us, he could barely walk 25 steps, let alone a mile. He’s been a rock star,” she said.

“I’ll never be free of COPD,” Nakamura acknowledged, “but I’ve gone from fearfully coping with the disease to joyfully living a richer life despite it. And, that feels incredible.”

COPD Fast Facts
The vast majority of COPD diagnoses are the result of long-term tobacco use, but advancing age and exposure to secondhand smoke and occupation-related toxins are also risk factors. Patients don’t typically show symptoms until the lungs are quite compromised. Symptoms include:
- Breathlessness
- Wheezing
- Tightness in the chest
- A lasting cough accompanied by colored mucus
- Swollen ankles or feet
- Listlessness
- A blue cast on the lips and underneath the nails

Michael Nakamura
Every time you smoke, harmful chemicals and poisons are infused directly into your body. “Smoking harms nearly every organ in the body,” said Kimberly Freeman, RN, CDE, CIC, a certified tobacco treatment specialist and nurse clinician in the Diabetes Program at Mission Hospital McDowell. “Your body begins healing itself between cigarettes. You deserve to give yourself a fresh start this New Year.”

1. Smoking is the No. 1 preventable cause of lung cancer.
2. About 1 in 5 deaths from heart disease is caused by smoking.
3. Tobacco use increases blood sugar levels and leads to diabetes.
4. Tobacco smoke contains dozens of cancer-causing agents and poisons.
5. Tar from cigarettes coats your lungs, making them work harder.
6. Smoking makes blood thicker, increasing your risk for stroke.
7. Women smokers are 4 times as likely to have a life-threatening ectopic pregnancy.
8. Smoking damages blood vessels and leads to erectile dysfunction.
10. Smokers have high levels of carbon monoxide in their blood, starving their body of oxygen.
5 Things to Look Forward to When You Quit

🌟 **Higher energy**
Smoking puts chemicals and oxygen-depleting poisons in your system, and when those are cleared away, you’ll notice an energy boost.

🌟 **Better tasting food**
Everything you eat will taste amazing as your taste buds wake up. The chemicals in smoke have dulled your taste buds.

🌟 **Easy breathing**
When you stop smoking, your lungs will help sweep out the tar and chemicals. Coughing may increase temporarily as your body rids itself of dangerous chemicals.

🌟 **Better skin tone**
When you stop, your body and skin will get the nutrients they need and you may look younger.

🌟 **Being a role model**
Hold your head high as you set an example in your home for clean living.

Mission Health partners with you to find personalized ways to end dependence on nicotine. For more information to make your best life now or to make an appointment, call 828-213-3222 or visit missionhealth.org/bestlife.
Art, Health and Community
A dose of inspired healing
By Robert A. Poarch

Art in hospitals has been proven to contribute to healing, quicker recovery and comfort in a major way for patients. For the new Mission Hospital North Tower (MHNT), an ask was made for artists from the 18 counties the hospital serves for art emphasizing nature and healing. What came in might just inspire you to take a second — and possibly a third — look.

With more than 220 patient rooms and 40 public areas, there are plenty of opportunities to display the more than 650 pieces of art, which include paintings, photographs, sculptures, ceramics, textiles, encaustic, glass, metal and origami. Highlighting the great regional creatives, more than 150 talented local artists are showcased throughout MHNT’s rooms, halls and open areas. Four contributing artists share their thoughts on how art, health and community intersect in this healing environment.

Andrea Kulish — pysanky eggs

Why did you enter Mission’s call for artists?
I was excited at the idea of sharing pysanky with people at Mission Hospital.

Tell me about your piece for the hospital?
I’m creating a triptych of 27 pysanky eggs that will be framed. They all have symbols and colors that are wishes for good health, strength, long life and interconnectedness.

What do you hope people who see your art will feel?
I hope that the eggs will have a healing effect on people, as this is their purpose. I hope they will have fun looking at all the details and interpretations of the various symbols. I hope they feel happiness and joy seeing all the bright colors and good wishes.

Why is it important to have local artists represented?
It shows that Mission really cares about its patients and community, and that Mission cares very much to provide something truly special and unique to their patients and visitors, to uplift and enrich their stays at the hospital.

Joseph Pearson — oil paintings

Why did you enter Mission’s call for artists?
I believe in the power of art to enhance and change lives, because of the healing power of art. Hopefully the art works its magic.

Tell me about your piece for the hospital?
For the first piece, the initial idea was to take the cracked, peeling paint of the building, which represents deterioration, and combine it with a young lady with a flower. Together, they speak to beauty. For the blues piece, I was born in Mississippi. I wanted to combine the environment and the history of the music.

What do you hope people who see your art will feel?
In terms of the meditativeness and the quietness of the pieces as a whole, I’m hoping the art is a part in the healing process when it’s hanging in the hospital. I’d like the painting to connect with quietness, and psychological and emotional peace.

Why is it important to have local artists represented?
It means that Mission Health is interested in supporting the community through the arts. Mission reaching out to working artists acknowledges that this is work. It helps draw the community closer together, because they will get to know some of us through our work.

To learn more about Mission Health North Tower, visit missionhealth.org/northtower.
Hospital art — we've all walked by them without much thought. That's about to change.

Joshua Adams — wooden masks

Why did you enter Mission’s call for artists?
Someone at the hospital saw my Cherokee masks on the internet, and they approached me to do a set of seven clan masks. Normally, you don’t get to do all seven, because they’re a sacred thing. You have to do them for an entity or a hospital or a clan house or a council house. So, to get to do these is very special to me and an honor.

Tell me about your piece for the hospital?
The order that you carve them in dictates their power. Since these are for the hospital, we’re starting with the Blue Clan mask, which is associated with medicine. On the wall, this will be in the center, because that’s where the most strength is. Then you dictate out from there.

What do you hope people who see your art will feel?
Cherokees believe that masks are super strong, spiritually. These are supposed to go in the pediatric ward, and I want to convey strength as patients are going through their hardships. I hope we help a lot of people with these masks.

Why is it important to have local artists represented?
The hospital is on old Cherokee territory. This was our home for thousands of years. It’s an honor to get to be a part of the hospital.

Becca Joy — acrylic painting

Why did you enter Mission’s call for artists?
As an art therapist it felt natural for me to share my art in a healing environment. I liked the idea that my artwork, and arguably an extension of myself, could provide comfort to someone amidst the pain and fear that can accompany hospital stays.

Tell me about your piece for the hospital?
“Calling Me Home” is based on a painting I made when I was living in Florida and missing the western North Carolina mountains I grew up in.

What do you hope people who see your art will feel?
I want them to feel hopeful. My hope is that it will bring serenity to the space and to the viewers, and that people will look at it and see the magic of the journey rather than the challenges of climbing life’s mountains — often life’s struggles are met with spectacular views when we reach the top.

Why is it important to have local artists represented?
It’s very personal to involve the community this way, and reminds us that even with the changes happening in our community, the things that connect us really are the most important.

Watch videos of these artists and Erin Keane explaining their works for Mission Hospital North Tower at missionhealth.org/artists.
Winter weather means cooler temperatures and an increase in the occurrence of colds and influenza (the flu). For pregnant women and those breastfeeding, these common ailments bring special considerations. Knowing what to do if you catch a cold or the flu is important to keeping both mother and baby healthy.

Safety First
Unlike some other viruses, the viruses that cause the cold and flu are not expected to be harmful to a developing baby during pregnancy, explained Lorrie Harris-Sagaribay, MPH, Coordinator of MotherToBaby North Carolina. “However, a high fever in early pregnancy can increase the chance of certain birth defects. Pregnant women have a higher chance of complications from the flu than nonpregnant people do, and being very sick from the flu may increase the chance of pregnancy loss or preterm delivery,” said Harris-Sagaribay.

Check with Your Doctor
Pregnant women who suspect they have the flu should contact their healthcare provider as soon as possible, suggested Harris-Sagaribay. “If caught early, antiviral medications, which require a prescription, can reduce the severity and duration of flu symptoms,” she said.

And, most women can continue to breastfeed when they have a cold or flu. “Breast milk contains remarkable antibodies that strengthen a baby’s own immune system,” said Harris-Sagaribay.

Medications
When deciding whether to use an over-the-counter medicine for cold or flu while pregnant or breastfeeding, it’s best to consult your physician. “Some medications have been well-studied for use during pregnancy and lactation, and are not expected to increase risks, while others have less data or can increase the chances of problems for the baby,” said Harris-Sagaribay.

Handwashing Is Key
Just as handwashing is important to stop the spread of the cold and flu between adults, it’s also a critical measure for breastfeeding moms to avoid passing cold or flu germs to their baby. “Handwashing is a simple yet effective way to avoid cold germs,” said Harris-Sagaribay. “Getting the flu vaccine each year is the best way to decrease the chance of getting the flu, and the flu vaccine is recommended for most women during pregnancy.”

For more information about medications and their use in pregnancy or breastfeeding, ask your healthcare provider or contact MotherToBaby free of charge by phone (800-532-6302), text (855-999-3525) or via email or live chat at mothertobaby.org.
October’s pink ribbons signify Breast Cancer Awareness Month, but many aren’t aware that January is Cervical Cancer Awareness Month. It may get less press, but cervical cancer, which occurs when cells grow abnormally in the cervix, is a disease every woman should be mindful of.

Prevention Is Key – and Easy

Brian Barrow, MD, an OB/GYN at Brevard’s Transylvania Women’s Care, said the biggest cervical cancer takeaway is this: It’s almost completely preventable — something that can’t be said about many other forms of cancer.

“Nearly 100 percent are caused by the human papillomavirus, or HPV,” Dr. Barrow said, adding that of numerous HPV strains, just two cause 75 percent of cervical cancers.

Fortunately, the HPV vaccine exists as the best HPV preventive. “The newest version covers nine strains, so get your daughter or son protected from the get-go,” said Dr. Barrow. “It’s like wearing a seatbelt — you probably won’t be in an accident, but you’re protected if you are.”

Dr. Barrow referred to the quick, virtually painless Pap test as the first line of defense against cervical cancer.

“My patients often work, care for their families and fulfill countless other responsibilities, and put their own care on the backburner, but it is important to have a Pap and HPV test,” he said.

Cutting-Edge Surgery as a Treatment Option

“Cervical cancer, though rare, usually occurs 15-25 years after HPV infection, but gives hints it’s developing before typical symptoms of pain and bleeding emerge,” said Dr. Barrow. “If Pap results are questionable, we perform a colposcopy procedure, where we examine the cervix closely. If necessary, we get a tissue sample for testing. Biopsy results tell us whether we’re dealing with precancerous cells (dysplasia), cancer or nothing at all.”

“Treatment of cervical cancer is usually handled by GYN Oncology and includes hysterectomy, radiation and chemotherapy, depending on disease stage,” said Dr. Barrow. “We mostly do minimally invasive laparoscopic surgery now. It’s nothing like traditional hysterectomy, which required a lengthy hospitalization and recovery period.”

Dr. Barrow wants women to feel confident in entrusting their care to Transylvania Women’s Care. “We’re here no matter what you need,” said Dr. Barrow.

The surgeons at Transylvania Women’s Care specialize in minimally invasive surgery for hysterectomy, incontinence and vaginal prolapse.

To schedule an appointment at Transylvania Women’s Care, call 828-884-8860, or to find a women’s care provider in your area, visit missionhealth.org/womens.
Are You Tired of Being Tired?

Sleep apnea may be the problem — here’s the cure

By Trisha McBride Ferguson

If you’re not getting quality sleep, you’re not living your best life. Sleep is an active state essential for renewing the body both mentally and physically. Poor sleep negatively affects every area of life — from mood, energy level and focus to increasing the risk of serious diseases — and sleep apnea is frequently the culprit.

“Sleep apnea is a very common condition that can have serious health ramifications and economic impact,” said Adam Graham, MD, Medical Director of Mission Sleep Center. “Untreated, sleep apnea can contribute to poor quality sleep, excessive daytime sleepiness, hypertension, stroke, cardiovascular disease and motor vehicle accidents.”

What’s Going On?
While there are different types of sleep apnea, the most common is obstructive sleep apnea, which occurs when the throat muscles relax to the point that they narrow the airway in the throat. When this happens, the body can’t get enough air, which can lower the oxygen level in the blood.

When your brain senses this, it rouses you from sleep so that you can reopen your airway — which keeps you from getting deep, restful sleep. These awakenings are so brief, you likely don’t remember them.

“Symptoms of sleep apnea include snoring, stoppage of breathing during sleep, gasping or choking episodes that awaken a patient, morning headaches, dry mouth at night, as well as frequent arousals at night,” said Dr. Graham. “Patients often have to use the bathroom several times a night and wake up tired in the morning. Many describe feeling as if they haven’t even slept at all.”

Try these tactics for a good night’s sleep:

- Maintain a consistent sleep-wake schedule
- Avoid caffeinated drinks in the afternoon and evening
- Avoid screen time and reading in bed
- Get regular exercise
- Maintain a healthy weight
- Avoid using alcohol as a sleep aid

Getting Help
The Mission Sleep Center provides in-home and outpatient sleep medicine services to patients who self-refer or are referred by their physician. Depending on their health history, a patient may meet with a physician, or in cases where the suspicion is high for sleep apnea, they may undergo a sleep study first. “Many patients undergo a home sleep apnea test, which is explained by our staff ahead of time during a brief daytime appointment,” said Dr. Graham.

For patients who require an in-lab sleep study, Mission Sleep Center offers six locations in the region with rooms that feature full-size beds and feel more like a hotel room than a hospital room. “Our sleep technicians do an excellent job explaining all aspects of the study for our patients to try and put their minds at ease,” said Dr. Graham.

To learn more about Mission Sleep Center services or to schedule a sleep study, call 828-213-4670 or visit missionhealth.org/sleep.

Adam Graham, MD, is Medical Director of Mission Sleep Center.
in the US, thousands of people with advanced heart failure are awaiting heart transplants. Others have hearts so weak, they’re not expected to live a year, but they no longer meet the criteria for a transplant. For them, one option is a left ventricular assist device (LVAD), a pump surgically connected to the heart that extends their lives for many years.

“This groundbreaking technology has changed the natural history of an illness that would otherwise take the lives of many patients,” said Vinay Thohan, MD, a cardiologist and the Medical Director of Mission Health’s Advanced Heart Failure Therapies.

How It Works
To qualify for LVAD, patients must be able to withstand an open-heart surgery necessary to implant the device. Lead lines connect the pump to external battery packs that offer about 14 hours of power. “With LVADs,” said Dr. Thohan, “patients gain both quality and quantity of life.”

Life Changing
LVAD patients walk out of the hospital about 14 days after surgery and are back to their lives in about two months. Those who were once winded while cooking or talking, are now able to get back to driving or even traveling across country. “For many, the symptoms of heart failure, like retaining fluid or poor organ function, are resolved with the boost of an LVAD,” said Dr. Thohan.

Balancing Act
This technology is not without risks or lifestyle changes. Aside from undergoing surgery, there’s a risk of infection, stroke, bleeding event or a required device change.

Patients at Mission Health go through a thorough evaluation process, and the team helps balance the risk of putting in the device versus the risks of their heart failure progression. More than 80 percent of those who receive LVADs are alive three years later.

“Almost everybody who gets the devices will readily make the lifestyle changes for the opportunity to live a better and longer life,” said Dr. Thohan.
Alzheimer’s interferes with how messages are sent and received, causing total chaos in the brain,” said Patti Wheeler, MD, family doctor at Mission Community Primary Care - Highlands.

Common signs include no longer being able to balance your checkbook, having trouble solving problems or making decisions, or frequently getting lost. Let’s learn more, as Dr. Wheeler separates fact from fiction.

**Myth**  
Memory loss is a normal part of aging.

**Fact**  
“Taking longer to recall a memory is normal as we age, because there’s more information to sort through,” said Dr. Wheeler. However, Alzheimer’s progressively destroys brain function causing loss of all voluntary actions, including things like how to dress or feed ourselves.

**Myth**  
Eating out of aluminum cookware causes Alzheimer’s.

**Fact**  
While the precise reason people develop Alzheimer’s is not known, it has not been found to be associated to certain medications or using aluminum cookware. It is not genetic and no cure or preventions are known. “The biggest thing to do is to take care of your body and eat well,” said Dr. Wheeler. Taking B complex vitamins also seems to help with overall brain health, along with stimulating activities to improve brain function.

**Myth**  
Every kind of dementia is Alzheimer’s.

**Fact**  
There are lots of causes of dementia. Alzheimer’s is just one kind of dementia. Early onset Alzheimer’s is aggressive and rapidly progresses within about 10 years and is seen in people in their late 50s to early 60s. Most diagnoses come after the age of 60, but the disease is progressive and usually requires supportive care for the patient within 3 to 4 years.

**Myth**  
Once you’ve been diagnosed there’s nothing you can do.

**Fact**  
“While there’s no known cure, medications do help prevent its progression and can lengthen the time you are capable of functioning independently,” said Dr. Wheeler. For those with the diagnosis, Dr. Wheeler suggests having a routine with regular times to eat, sleep and do other activities. Calendars and sticky notes or lists are helpful, and speech pathologists can help stimulate the brain so language skills and memory can improve.
When patients are diagnosed with a terminal illness, they often feel lost and unsure of the road ahead. “The most important person of all is the patient,” said Jeffrey Tait, MD, the hospice and palliative care physician at CarePartners Hospice in McDowell County. “They are so individual in their needs, there is no set recipe. The patient will tell us what they need, and we try to meet them where they are.”

At CarePartners Hospice, an interdisciplinary team comes together to provide support. This group works as a unit, holding regular meetings to discuss, develop and refine a specific plan of care for each patient.

- The **registered nurse** manages the patient’s clinical care, visiting as needed to follow up on symptoms, change dressings or handle other issues.
- The **physician** works in conjunction with the nurse in a supervisory role, admitting the patient, prescribing medications, regularly reviewing the patient’s clinical picture and visiting as needed.
- The **social worker** assists with nonmedical concerns, such as creating a living will, applying for financial assistance programs or finding a nursing home if the patient can no longer be cared for at home.
- The **nondenominational chaplain** is available to assist with patients’ spiritual needs.
- **Specialists**, such as music therapists who use music to relax patients, can also be there for support.
- **Volunteers** can help with nonmedical needs, such as reading to patients or styling their hair.

Ready to start the hospice conversation? Learn more about CarePartners Hospice at missionhealth.org/hospice.
Critical Access Hospitals

Michele Pilon, MS, BSN, RN, NE-BC, CEO and CNO of Transylvania Regional Hospital, talks about serving our community

By Cherry Odom, BSN, RN-BC

Transylvania Regional Hospital (TRH) was selected as a 2019 Top 20 Critical Access Hospital, the fifth time in the last six years, and Blue Ridge Regional Hospital was named to the Top 100 Critical Access Hospital list. Pilon talks about why these recognitions are so important for our community.

Q: What is a critical access hospital?
A: Critical access hospitals (CAHs) serve rural areas where distance, mountainous terrain or secondary roads may limit access to medical care. They have twenty-five or fewer beds and are vital safety-net institutions in preserving the health of rural communities.

Q: What does this award mean for your patients?
A: It allows patients to be confident that they are receiving high quality, evidence-based care delivered by qualified, competent caregivers. TRH staff are here to serve their community, putting patients first.

Q: How does this designation benefit the community?
A: This repeated designation sends a message that community members can feel confident their hospital excels in patient care and patient satisfaction. They can count on excellence close to home.

Q: What does the award say about staff?
A: Every discipline contributes to this designation, including direct caregivers and indirect staff. TRH staff are a family who truly cares and strives to heal and comfort the mind, body and spirit.

Q: What does this mean to you personally?
A: We are very proud of this accomplishment. I am truly fortunate to work with such talented, compassionate nurses, clinical staff and nonclinical staff. Their efforts show in our good clinical outcomes and high patient satisfaction.

By Cherry Odom, BSN, RN-BC

Transylvania Regional Hospital achieved an overall score of 99.7, ranking 3rd overall in the nation, and ranked in the top 1 percent of all CAHs in the US. The Top 20 CAH’s eight categories are inpatient market share, outpatient market share, quality, outcomes, patient satisfaction, cost, charge and financial stability. The Top 20 CAHs rank the highest in publicly available data in eight categories of hospital performance. These annual recognitions are given to hospitals across the United States by the National Rural Health Association’s (NRHA) Rural Health Policy Institute, iVantage Health Analytics and the Chartis Center for Rural Health.
Our staff receive additional training in person-centered care,” said Ava Ammons, RN-BC, LHNA, administrator at Eckerd Living Center. “So we know how to deal with behaviors and de-escalate situations that could cause agitation or aggression resulting from an Alzheimer’s diagnosis.”

A forgotten appointment. Lost car keys. Food burned on the stove. Days and nights mixed up. These could be signs of some kind of dementia, like Alzheimer’s disease, and you should consider getting assistance.

Dementia is an umbrella term for brain disease affecting mental ability, and Alzheimer’s is the most common form of dementia. Symptoms of dementia include memory loss, communication and language, ability to focus and pay attention, reasoning and judgment, and visual perception. The Alzheimer’s Association considers having at least two of these mental functions significantly impaired to be considered dementia.

If you or a loved one has one or more of these impairments, see your physician for an evaluation. Medications and support can allow longer independence for those with dementia.

Assisted living facilities provide oversight, medication monitoring, transportation, housekeeping, meals and frequent checks. “This situation is ideal for the family that works and cannot leave their loved one at home,” said Ammons. “They are also great for caregiver relief; those spouses that need to run errands or just have a break.”

10 Reasons to Consider a Skilled Nursing Center

Dementia Care at the Eckerd Living Center

By Cherry Odom, BSN, RN-BC

1. Dedicated team members who specialize in the care of those with Alzheimer’s and other dementias
2. A secure facility with an enclosed outside area
3. Activities, meals and snacks for the cognitively impaired
4. Low-stimulation uninterrupted sleep at night
5. Therapy to maintain physical and mental function
6. A full-time social worker to assist in navigating community resources
7. Monthly meetings of a family council group
8. Open visitation times
9. Consistent caregiver assignments so the residents see a familiar face
10. Steps away from state-of-the-art emergency care at Highlands-Cashiers Hospital

Learn more about skilled nursing facilities and Eckerd Living Center at eckerdlivingcenter.com.

Ava Ammons, RN-BC, LHNA, is an administrator at Eckerd Living Center.
Staying Safe on the Slopes
Top tips for skiing and snowboarding

By Trisha McBride Ferguson

For skiing and snowboarding enthusiasts, winter sports make the months of colder temperatures more bearable. Speeding down the slopes brings a rush of adrenaline, a feeling of freedom — and all too often, injuries. Here's what you need to know to stay safe on the slopes this season.

Know the Risks
The most frequent physical injuries from skiing affect the upper and lower extremities. “Approximately one-quarter to one-third involve the knee. Anterior cruciate ligament (ACL) tears and medial collateral ligament (MCL) injuries are common,” said Brent Fisher, MD, a primary care sports medicine physician with Asheville Orthopaedic Associates, an affiliate of Mission Health. Dr. Fisher also sees skiing enthusiasts come in with wrist and hand sprains, shoulder dislocations and head injuries — including concussions.

“Ulnar collateral ligament injuries (skier’s thumb) are also very common,” Dr. Fisher said.

The majority of injured snowboarders arrive with wrist fractures, as well as some clavicle fractures. “The more common lower extremity injuries in snowboarders are foot and ankle-related — both sprains and fractures,” said Dr. Fisher.

Know When to See a Doctor
“Head and neck injuries account for between 8 and 33 percent of all skiing and snowboarding injuries,” said Dr. Fisher. “A large percentage of these are concussion/mild traumatic brain injuries.”

Since concussions are common, it’s important to know the signs. “Headache is the most common symptom,” said Dr. Fisher. “Others include dizziness, balance issues, mental fog, difficulty concentrating, fatigue, and light- and sound-sensitivity.”

With the prevalence of concussion, it’s critical to know and heed the signs. “Although rare, the worst outcome from a concussion is second impact syndrome, where a second injury occurs before the brain has healed; this can lead to death,” explained Dr. Fisher. “Secondly, ignoring the symptoms and trying to push through them can significantly delay healing, causing lost productivity at school, work, etc.” Since most cases resolve in a week to 10 days, Dr. Fisher recommends patients who suspect a concussion have an evaluation and get the proper rest for full healing and recovery.

Know Your Limits
Protective gear is also critical for staying safe on the slopes. “Wear a helmet. They have not been proven to reduce the risk of concussions, but they have been shown to decrease risks of other head injuries,” said Dr. Fisher. “For snowboarders, wearing wrist guards have been shown to decrease wrist injuries by up to 50 percent. And for those with previous ACL reconstruction, wearing a knee brace has been shown to decrease risk of reinjury.”

If you’ve been skiing or snowboarding for several hours, make time to rest and recharge. “Bad mechanics and fatigue can increase injury risk, so as you get tired, it may be time for a break from the slopes to re-energize,” said Dr. Fisher.

Still sore from a sports injury a week ago? Get it checked out at Mission Health Orthopedics. To learn more, visit missionhealth.org/orthopedics.

Brent Fisher, MD, is a primary care sports medicine physician with Asheville Orthopaedic Associates, an affiliate of Mission Health.
It’s a day you will never forget

The room, the people around you, the care for both you and your new baby – at Mission Health, we’re here to make it all unforgettable.

Each year, over 4,000 new moms choose Mission Health, home of the region’s only Level III NICU with advanced care for high-risk moms and babies, plus the Baby Friendly designation for breastfeeding support.

Learn more and sign up for childbirth education classes at missionhealth.org/womensMHL.
Calendar of Events

December 2019 through February 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
Jan 3, 8 am-2 pm
120 Riverview St., Video Conference Room, 3rd Floor, Franklin

Blue Ridge Regional Hospital
Jan 27, 11:30 am-2 pm
125 Hospital Dr., Bloodmobile in hospital parking lot, Spruce Pine

Mission Health Business Office
Jan 9, 11 am-3 pm
50 Schenck Pkwy., Asheville

Mission Hospital
Feb 13, 7 am-noon and 1-6 pm
501 Biltmore Ave., Lobby, Mission Hospital, Asheville

Mission Hospital McDowell
Feb 27, noon-5 pm
430 Rankin Dr., Bloodmobile in hospital parking lot, Marion

Transylvania Regional Hospital
Jan 16, 9 am-2 pm
260 Hospital Dr., Carlson Conference Room, Brevard

CHILDREN’S HEALTH
Family Group Night
Monthly event where families of children with special needs can come to get support from other families in the community, receive training and workshops about a variety of topics and where children and siblings can interact with their peers.
1st Tuesday of each month, 5:30-7:30 pm
MCH Reuter Outpatient Center, 11 Vanderbilt Park Dr., Asheville
RSVP required at 828-213-0047 or kerri.eaker@hcahealthcare.com

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

SUPPORT
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 Karen.keating@bianc.net or 828-337-0208

Diabetes Support Group
2nd Tuesday of each month, 4-5 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
For more information, 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 information, contact Amanda Alexander, LCSW, at Amanda.Alexander@msj.org 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 828-665-8699 or akarson57@gmail.com

Limb Loss Peer Support or Clinical Consultation
Coordinated by request. Multiple locations. Contact a CarePartners certified prosthetist at 828-254-3392

NAMI Family Support Group
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 each month, 5 to 6:30 pm
Transylvania Regional Hospital, 260 Hospital Dr., Behavioral Health Group Room, Brevard
For more information, contact Kathryn Speckman at namitransy@gmail.com

MEN’S HEALTH
Men’s Night Out: Talk with a Doc
Jan 28, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
For more information, call 828-349-6688

Cancer Survivors Support Group
2nd Thursday of each 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.Kurtts@msj.org
For dates and times, contact Kathryn Speckman at namitransy@gmail.com

December 2019 through February 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.
NAMI Connection Group
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 each month, 6:30 to 8 pm
Transylvania Regional Hospital, 260 Hospital Dr., Behavioral Health Group Room, Brevard
For more information, contact Kathryn Speckman at namitransy@gmail.com

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

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

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: Stress Less, Be Merry – Holiday Fun
Dec 10, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
For more information, call 828-349-6688

Ladies Night Out: Talk with a Doc
Jan 28, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
For more information, call 828-349-6688

Your Healthy Life MATTERS

What would YOU like to know about in future issues?

myhealthylifemagazine@msj.org
Email us or fill out the response card between pages 24-25
Feels Like Home to Me

Emergency department volunteer finds that little things can make a big difference

By Steve Smigelski

Before volunteering at Mission Hospital, I worked as a vehicular homicide detective in the Accident Investigation Unit of the City of Miami Police Department. I worked in this capacity for a total of 23 years. The job entailed responding to and investigating traffic incidents that involved fatalities or potential fatalities. The average number of such incidents I investigated was approximately 25 per year. The job entailed determining if the incident was an accident or a potential crime scene (i.e., DUI, reckless driving), investigating the scene, supervising support personnel (crime scene investigators, public service aides), notifying the State Attorney’s office in order to determine if criminal charges should be filed, and notifying immediate family members if there was a death of anyone involved in the incident. As part of the investigative process, I interviewed those involved in the incidents. Many of these interviews took place in hospital emergency rooms.

My wife, Sylvia, and I moved to Asheville in 2006. Sylvia continued her work as a middle school math teacher. Weekends and holidays were spent discovering and enjoying all that the area had to offer. We began (and continue) to travel overseas, and best of all traveling to visit our children and grandchildren.

I soon found that I had a lot of free time. Mission Hospital seemed like the ideal place to volunteer. Before I knew it, I had completed the requirements for becoming a volunteer at Mission. One of the available volunteer opportunities was in the emergency department. Since I was familiar with emergency department procedures, I agreed to give it a try.

The most satisfying aspects of volunteering in the emergency department are seeing a patient smile when they are given a blanket or pillow, or when a family member thanks me for offering a soda or an escort to the cafeteria. The most satisfying is seeing a child smile when given a small toy or a happy face sticker. I have also noticed that the staff of the emergency department, from the maintenance personnel to the medical personnel, are always professional and caring. Volunteering in the emergency department feels like home to me — I wouldn’t trade it for anything.
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