



HEALTH SCENE®

JOURNAL OF WELLNESS AND GOOD HEALTHCARE • WINTER 2009



IT'S ALL ABOUT YOU

Calm my fears. Help me understand. ♦ These are among the many thoughts women have when they are facing a breast health issue—whether it is an abnormality or a cancer diagnosis. And these are just the things new Breast Care Coordinator Ronda O’Connell is ready to address. ♦ As a registered nurse with more than 20 years’ experience, Ronda knows about patient fears, and she knows how to communicate with physicians.

“Navigating a breast health issue or cancer diagnosis can be a confusing and sometimes frightening journey,” O’Connell says. “I’m here to make that journey easier, and to provide support throughout the journey and beyond.”

MAKING CONNECTIONS Most women are connected with O’Connell through their physician at the time of a diagnosis; others will meet her after they’ve had surgery. In either case, from the moment a connection is made, O’Connell gets to work providing one-on-one support and helping her patients get the timely, compassionate care they need.

“I’m the one person a patient or their family member can contact when they have a question or a concern about anything,” O’Connell says. “I will listen, I will care, and I will make sure their needs are met.”

O’Connell also works closely with physicians to ensure that treatment instructions are followed and can facilitate

scheduling, provide preoperative education and even coordinate follow-up care.

“Working with a breast care coordinator like Ronda provides a tremendous level of confidence to me and my patients,” says Perry Burrus, MD, a BMH-affiliated surgeon in private practice at Coastal Carolina Surgical Associates. “Knowing there is one person we can count on to facilitate referrals, appointments, or simply be a resource to answer questions or offer comfort—it really improves the whole experience and ensures that my patients’ and my needs are met every step of the way.”

MEETING NEEDS At the time of a referral, Ronda arranges a one-on-one consultation to understand the patient’s needs, provide relevant information and resources, and determine how to make the whole experience more comfortable, understandable and manageable.

- Depending on a patient’s needs, O’Connell will:
- Ensure appointments and consultations are scheduled efficiently.
 - Provide ongoing communication with physicians to enhance care.
 - Help patients understand their diagnosis and their plan of care once it has been determined.
 - Coordinate treatment schedules so they are more convenient for patients.
 - Provide educational information of interest to the patient and family.
 - Make contact with the patient at regular intervals throughout treatment.
 - Identify resources and make appropriate referrals for the patient and family.

“My job is so wonderful and unique because it is different every day, depending on the needs of the patients,” O’Connell says. “Sometimes I’m a guide, a friend, a resource, a confidante—most of all, I’m an advocate for women who need care.”

The breast care coordinator program is a free service of BMH Women’s Services. To contact O’Connell, call 843-522-PINK (843-522-7465).



Breast Care Coordinator Ronda O’Connell, RN, guides patients through their care.

Is it time for your annual mammogram? Call 843-522-5015 to make an appointment.

FROM THE PRESIDENT'S DESK

Teaming with Duke to raise the bar for patient care

The holidays are behind us; I hope yours were happy and healthy!

In the new year, many of us have resolutions to make and act upon. As I reflect on things I can do to lead a happier and healthier life, I am reminded that there are many of our friends and neighbors who aren't as fortunate as we are. Being in healthcare, we are reminded every day that there are people among us who are facing monumental challenges with illness and death. The uplifting part of my work is helping to lessen their pain and suffering, and to offer them hope.

I am inspired by the genuine care and concern members of our staff show our patients and their family members every day. I see my job as doing whatever it takes to make it easier for them to give our pa-



Rick Toomey

tients the highest-quality care.

We are indeed fortunate to be the only hospital in South Carolina affiliated with Duke Medicine in heart and cancer care. Those affiliations have raised the bar for the level of care we can give our patients.

Cancer training In the past few months alone, we have spent much time working with our Duke partners on training initiatives for our nurses, community programs, cancer case reviews with our physicians and, most recently, an annual quality review of our cancer services both in the hospital and at our Keyserling Cancer Center.

I have watched the nurses in our new inpatient oncology unit work closely with nurses from the Duke Oncology Network to learn more about caring for patients with cancer.

Sharing knowledge Julie McQueen, RN, who works as a breast health navigator at Duke Raleigh Cancer Center, visited with us to share her experience and knowledge with members of the staff at our cancer



CANCER SPECIALISTS: Linda Sutton, MD, Duke Oncology Network director, (left) and Connie Duke, OCN, BMH Oncology Program director

center, and with Ronda O'Connell, RN, our new breast care coordinator. (See page 1.)

Linda Sutton, MD, director of the Duke Oncology Network, and Sujata Ghate, MD, Duke radiologist, sat alongside our oncology program director and many members of our medical staff to review patient cases and discuss best treatment options.

High-quality care And Duke's annual review of our oncology programs confirmed that the practices and protocols we have in place to care for local patients

facing cancer meet the highest standards, including those of the Duke Oncology Network.

It heartens me to see how the insight and compassion the Duke staff imparts is welcomed with open arms by members of our staff. This kind of environment lifts us all up!

You will learn more about how this unique relationship with one of the world's leading medical centers is helping us fulfill our vision to exceed expectations for quality and compassionate care throughout this issue of *Health Scene*.

Duke offers nurses specialty training



Dot Rucker, RN

Nurses who work in Beaufort Memorial Hospital's fifth-floor inpatient oncology unit received additional training from Duke specialists on how to care for oncology patients at an intensive, two-day conference in fall 2008.

Last April, the fifth floor of the hospital was designated the inpatient oncology unit. The specialty training is part of BMH's affiliation with Duke Medicine in cancer care.

Dot Rucker, RN, director of the floor, explained that having cancer patients on a designated unit not only allows for better



care, but it also helps nurses build a rapport with the patients and their families.

"It's very important for our nurses to have a solid understanding of the different types of cancers to better meet the needs of our patients," Rucker says.

The workshop was led by Marty Polovich, RN, associate director for clinical practice at the Duke Oncology Network.

Medical staff officers elected

At the annual meeting of the BMH medical staff, Paul Mazzeo, MD, was elected chief of staff; Rosalind Dawson, MD, was elected vice chief; and Mark Siegel, MD, was elected secretary/treasurer. Their terms last for two years.

Dr. Mazzeo is a neurologist who joined the medical staff in 1996. Dr. Dawson has been on the medical staff since 2001, and Dr. Siegel joined in 2007.



Paul Mazzeo, MD



Rosalind Dawson, MD



Mark Siegel, MD

Go Stay healthy this season. Winter can bring a lot of pleasant things, such as hot chocolate and family get-togethers. But because winter also includes dropping temperatures, sniffles and sneezes, we've included a special feature on the BMH website. Get tips for staying active and warm, learn how to stay safe while playing winter sports, and find out why it's advisable to wear your sunglasses during the winter. Simply go to www.bmhsc.org and choose "Winter Health" under "Select a Health Topic."

ALL FOR ONE

Tumor conference offers team approach to cancer care

WE'VE ALL HEARD the saying “two heads are better than one.” It stands to reason that the heads of 10 or 15 board-certified medical specialists working together on the best approach for treating a patient’s cancer would be, well, the best.



Brad Collins, MD

“The more information we have, the better we can be at making the best decisions with and for our patients,” says Brad Collins, MD, BMH’s chief of pathology, who leads the monthly meetings.

TEAM EFFORT Typically, the tumor conference is attended by the pathologist, oncologists (cancer treatment specialists), surgeons, primary care physicians, radiologists, oncology nurses and the breast care coordinator.

Physicians plan ahead to present current cases that they would like the group to review and discuss with them. The attending physician presents the case, the pathologist reviews tissue findings, and the radiologist reviews the radiologic imaging studies for the group. Also covered are the patient’s medical history, previous treatments and results, and any other factors to provide the most complete picture of the patient’s disease.

Following a complete overview of a case and treatment options by the presenting physician, participants will ask questions and provide insight based on their expertise and experience to help shape the final treatment recommendation.

That was what physicians at Beaufort Memorial Hospital (BMH) had in mind back in the 1990s when they developed a monthly tumor conference, a forum for specialists with varying expertise to come together to discuss complex cancer cases and the best treatment recommendations for local patients.



**Facing a breast cancer diagnosis?
See page 1 for information about
our breast care coordinator.**

“The benefit of collaboration of multiple specialties extends well beyond the initial treatment plan discussed at the tumor conference,” says Majd Chahin, MD, medical oncologist and medical director of BMH’s oncology services. “Having both specialties of medical and radiation oncology in our center, as well as other support services, allows ease of conferencing over additional data and continually updating plans, as needed. Ultimately, this leads to the best possible outcome.”

CHOOSING CASES Not every cancer case is presented during a tumor conference, according to BMH Oncology Services Director Connie Duke, OCN (oncology certified nurse).

In some cases it just isn’t necessary. In other cases, the health of a patient or the aggressiveness of a tumor makes it necessary to begin treatment immediately, at which point a multidisciplinary review of a proposed

treatment might be done on a less formal basis—likely through phone conferences or one-on-one visits.

“While every cancer patient and every tumor is different, some cases are more easily defined and treated than others,” Mrs. Duke says. “When a physician brings a case to tumor conference it is because there may be several treatment options to evaluate and, often, other medical or health factors that need to be considered before a recommendation can be made.”


In either case, the benefit to patients is in knowing that local physicians are collaborating routinely to ensure the best outcomes for their patients.

At a recent tumor conference, members from the Duke Oncology Network in Durham, NC, presented information about the benefits and risks of MRI (magnetic resonance imaging) for patients at high risk for breast cancer, and participated in the case discussions that followed. The ensuing discussion was beneficial to all and, more important, to the patients whose cases were being considered. (See page 10 for more about breast MRI.)

Specialists at Duke Medical Center and the Duke Oncology Network also hold regular tumor conferences, and physicians from Duke participate in BMH tumor conferences several times each year. BMH’s adherence to a multidisciplinary approach to care matches the philosophy and protocols Duke follows in its own care.

A WORLD-CLASS PARTNER That shared philosophy and standard of care was a key in Duke’s decision to move ahead with an affiliation agreement for cancer care with BMH in 2000—a move that has strengthened services locally.

“BMH has really reached out to develop world-class services locally,” says Duke Oncology Network Medical Director Linda Sutton, MD. “It’s really remarkable to see this level of care available in a community of this size.”

To learn more about Beaufort Memorial Hospital and cancer services available through its Duke-affiliated  Keyserling Cancer Center, visit www.bmhsc.org or call 843-522-7925.

Interested in learning more?

National Cancer Institute (NCI) data suggests women diagnosed with breast cancer have better outcomes with a multidisciplinary treatment approach. Learn more at www.cancer.org.



Duke Medicine and Beaufort Memorial Hospital.

World-class care close to home.



**Beaufort Memorial
KEYSERLING CANCER CENTER**
DukeMedicine AFFILIATE

bmhsc.org/cancer



REPLACING A HURTING HIP

Surgery can turn the odometer back to zero on a worn-out hip

WHEN MARTHA LAUTERBACH'S knee pain started making her limp, she finally went to the doctor. That's when she found out her knees weren't the problem.

"It was my hip," she says. "The pain was being referred to my knees, and in the end I needed a total hip replacement."

That made Lauterbach one of nearly 200,000 people in the U.S. who get this surgery each year. For most of them, hip replacement dramatically improves their quality of life.

A PAIN IN THE HIP Besides the knee, hip pain can also be felt in the thigh and buttock. The most common symptom of hip problems, though, is a dull, aching pain deep in the hip or groin, explains Ned Blocker, MD, orthopedic surgeon at Beaufort Memorial Hospital (BMH).

"People will tolerate a lot of pain before they will seek help," Dr. Blocker says. "When walking becomes difficult, that's when they come in to see us."

These symptoms point to osteoarthritis, the wear-and-tear type of arthritis that usually happens with age. It's the most common reason for replacing a hip.

Surgery usually isn't the first option for hip arthritis, Dr. Blocker explains. Exercise can help by building up muscle around the joint. Also, weight loss can relieve pressure and slow the progression of the disease. Sometimes medicines, such as nonsteroidal anti-inflammatories, can also help.

"By the time most patients come to my office, they have already tried over-the-counter or prescription arthritis medicines," Dr. Blocker continues. "They are surprised to learn that exercise can actually help. I emphasize that they do low-impact activities, such as walking, swimming or riding a bike."

But arthritis usually worsens over time, and these

treatments may be less and less helpful. Eventually, your doctor may suggest surgery.

TRIED AND TRUE Total hip replacement surgery has been done for decades with good success. According to the American Academy of Orthopaedic Surgeons

BMH orthopedic surgeons, skilled in minimally invasive procedures, do more joint replacement surgeries than larger hospitals in Charleston and Savannah.

(AAOS), more than 90 percent of hip replacements done even as long as 20 years ago are still functioning.

"The surgeons at Beaufort Memorial have been performing state-of-the-art procedures for some time, including minimally invasive surgery on hips and knees," says BMH orthopedic surgeon Kevin Jones, MD. "In recent years, bearing surfaces have become more durable, which we believe will translate to better longevity from hip replacement procedures. In fact, many of our patients are returning to an active lifestyle with such activities as golf and tennis."

Dr. Blocker agrees. "In the last 10 years, there have been dramatic improvements in implant designs and the materials used," he says. "While our incisions have become smaller and new surgical techniques have emerged, I am more impressed that the implants available for us to use today are lasting longer and have better track records than the implants available in prior years."

Hip replacement surgery takes between an hour and an hour and a half. It involves these steps:

- ➊ Removing the head of the femur (thighbone) and some bone from its center.
- ➋ Fitting the implant into the femur.

- ➌ Cutting away diseased bone and cartilage from the hip socket.
- ➍ Fitting a cuplike implant into the socket.
- ➎ Repairing the ligament to provide additional stability.

Minimally invasive hip replacement may be an option for some people who are younger, thinner and healthier than the typical candidate for hip surgery.

Minimally invasive surgery involves making one or two smaller incisions and cutting less soft tissue than traditional hip replacement surgery. Recovery time is often shorter.

Another promising new technique is hip resurfacing, which preserves more bone than traditional surgery. This is generally for younger, active patients and is offered by Drs. Jones and Stoddard.

"Until recently, patients wanting this new type of hip surgery have had to travel outside the area to have the procedure done," Dr. Jones says.

THE HEALING PROCESS Recovery from hip replacement surgery is a stand-up deal. Literally.

"Many of our hip patients stand and walk with help the same day of their hip surgery," says Sherry Stacks, RN, BMH orthopedic care coordinator. "Light exercises are started in the hospital, and patients learn how to bend and sit to prevent injury to the new hip. We cover all of this in our pre-op total joint class, which everyone is required to attend."

According to Stacks, when a patient returns home, he or she will begin an exercise plan that includes: ● A walking program that slowly increases mobility. ● Specific daily exercises to restore movement and to strengthen the hip joint.

Full recovery from hip replacement surgery takes three to six months, reports the National Institutes of Health. Artificial hips don't have as much range of movement as natural, healthy hips. But with some caution, most people who have an artificial hip can return to an active lifestyle.

NEW HIP, NEW LIFE In the past, hip replacement surgery was reserved for people older than 60—mainly because their lifestyles, which tended to be less active than younger adults', put less stress on the new hip.

"For those who do not experience relief with conservative measures, I will often recommend total hip arthroplasty, as it can afford significant pain relief," Dr. Blocker says. "A high percentage of patients will report their pain to be dramatically improved even in the first few days after surgery."

For more information about total hip replacement at BMH, visit our website at www.bmhsc.org or go to the AAOS website at www.orthoinfo.org.

Discuss your options with a board-certified orthopedic surgeon. Call our doctor referral line at 888-522-5585.

Find a five-star orthopedic specialist

Did you know Beaufort Memorial Hospital (BMH) has a five-star rating from HealthGrades for joint and knee replacement surgery? That means BMH is among the top 10 to 15 percent of hospitals nationwide for these services.

You can download free profiles of our orthopedic physicians by visiting www.healthgrades.com. Search by physician name or by city and state to find the BMH orthopedic specialist who is right for you.



ARTS healing

Healing arts are being incorporated into the design of Beaufort Memorial Hospital's (BMH) facilities and grounds, starting with the development of the Keyserling Cancer Center. ♦ The beautiful, cascading water fountain in the lobby of the center and other special features, such as our healing gardens, provide an important counterbalance to illness for patients and caregivers. The beauty and constancy of nature provide comfort and hope to those dealing with the stress and life changes associated with serious illness

and its treatment. The landscaping elements are chosen to reflect local, natural environments and include:

- Welcoming, curved lines.
- "Anchor" plantings, such as trees and large shrubs.
- Group plants that draw the eye, such as the camellia and azalea gardens.
- Native trees, grasses and shrubs.
- A variety of textures and colors.
- Year-round interest and color.
- Garden areas that attract butterflies.
- Water feature for visual and auditory interest.
- Serenity seating for privacy and reflection time.
- Raised gardens that can be seen from chemotherapy suites.

BMH's outpatient Imaging Center used the same healing approach to its interior design, as did our facility in Bluffton.

A COMFORTING WALL The most recent healing addition has been the gift of a "seewall" by local artists Rocco Zappio and Olga Stamatiou. Placed in the surgery waiting area, the seewall images transport viewers to the sea with the colors, music and images of real fish swimming.

The artists have their creative seewall art in hospitals and libraries throughout the U.S. They worked closely with Chris Nietert, an occupational therapist in the adult mental health unit who is also coordinator of BMH's Healing Arts program called PATH (Partners in the Arts Toward Healing), to create the new seewall, then donated it to the hospital.

DRAWING ON EXPERIENCE During the interior design process at the Keyserling Cancer Center, making the center feel like more of a healing place was suggested. When working with representatives of the Duke University Health System, we found that Duke has one of the longest-standing healing arts programs in the country.

PROVEN BENEFITS The Center for Health Design in Concord, Calif., recently commissioned an analysis of more than

600 research studies, which shows a direct link between patient health and quality of care and the way a hospital is designed.

"Every aspect of the Keyserling Cancer Center was considered with the patient as a whole person. This involves catering to their physical, emotional and spiritual needs. Using the arts helps patients feel like they are being treated as a whole person," Nietert says. "The goal of the PATH program is to make all of our facilities less clinical and give patients some hope, alleviate some of their stress and make their experience more comfortable."

Many healing arts additions at the Keyserling Cancer Center have been made possible by friends of the hospital who, through personal experiences with loved ones facing cancer, recognized the healing benefits of the program and generously contributed to its expansion.

Go To learn more about the healing arts program, visit www.bmhsc.org. To make a donation, call 843-522-5774.



BRINGING THE SEA TO BMH: Local artists Rocco Zappio and Olga Stamatiou donated this "seewall" to the hospital as part of BMH's Healing Arts program.

Healing gardens, soothing art and places to ponder help you heal faster.

New, full-time care in Bluffton and Hardeeville

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Stephen S. Luther, MD, board-certified in internal medicine

Services. Bluffton Primary Care offers comprehensive primary care services for adults. Located within Bluffton Medical Services, patients treated at Bluffton Primary Care have access to a full range of services, including EKG, diagnostic imaging (x-ray), full laboratory services, pre-operative assessments, a Diabetes Care Center, wellness and education, physical therapy, and vascular services.

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Hours: Monday through Friday,
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Drs. Jonathan and Heather Hutchings, board-certified in family medicine

Services. Coastal Primary Care offers comprehensive primary care services for your entire family. Their holistic approach to treating patients encourages prevention and wellness. The professionals there encourage their patients to work with them to reach their maximum health potential.

Connecting you to better care. Bluffton Primary Care and Coastal Primary Care offer referral relationships with more than a dozen specialists representing a variety of services in the Bluffton Medical Services office, as well as with 150 board-certified physicians at Beaufort Memorial Hospital. Learn more at www.bmhsc.org.

FOR MEN

YOUR HEAD-TO-TOE

What's the biggest obstacle to men staying healthy? Men. ♦ It's a stereotype that's sadly true: Guys tend to be lousy about getting the checkups and health screenings they need. And that can put them at risk for problems that might otherwise be prevented or detected early, when treatment may be most effective.

"Unfortunately, many men tend to make preventive health measures a low priority," says Stephen S. Luther, MD, who is board-certified by the American Board of Internal Medicine. "They generally wait until they have symptoms of a disease before seeking medical help."

Consider these findings from an American Academy of Family Physicians (AAFP) survey on men's health:

- 55 percent of men haven't seen their primary care physician within the past year.
- 29 percent of men wait as long as possible before seeking medical help when they feel sick, are in pain or have other health concerns.
- 18 percent of men 55 and older haven't received recommended screenings for colon cancer.

Despite all of this, the survey shows 79 percent of men describe themselves as being in "excellent," "very good" or "good" health.

If you haven't seen your doctor in a while—or if you don't have a doctor—it's time to make an appointment, advises Jonathan Hutchings, DO, who is board-certified by the AAFP.

"The first step in taking charge of your health is finding a primary care provider," says Dr. Hutchings. "This way, your provider will be able to recognize when something is wrong."

HEAD-TO-TOE HEALTH While you wait for that checkup with your doctor, get familiar with this head-to-toe guide to some common men's health risks and what you can do to reduce your risk for them.

Stroke occurs when blood flow to the brain is blocked or, less commonly, when a blood vessel bursts in the brain. High blood pressure, diabetes and smoking all can boost your risk for stroke.

- What to do:**
- Get your blood pressure checked at least once every two years. If you have diabetes, keep it under control. And if you smoke, make a commitment to stop.
 - Call 911 right away if you notice the sudden onset of possible stroke signs in yourself or anyone else. These include numbness of the face, arms or legs—especially

on one side of the body; confusion or trouble speaking; trouble seeing in one or both eyes; dizziness or loss of coordination; or severe headache with no known cause.

Lung cancer is the chief cause of cancer deaths among men in the U.S., reports the U.S. Centers for Disease Control and Prevention (CDC).

Smoking is the biggest risk factor for the disease, accounting for about 90 percent of lung cancer deaths in men. Less frequently, lung cancer may be caused by exposure to pollutants, such as asbestos and radon gas. Having a close relative who had lung cancer also may increase your risk.

What to do:

- Stop smoking, if you smoke. A doctor can recommend programs or prescribe medicine to help you quit.

- Tell your doctor if you notice possible signs of lung cancer, such as a cough that won't go away and gets worse, coughing up blood, shortness of breath, or wheezing.

Heart disease is the No. 1 killer of men in the U.S., the CDC reports. Key risk factors include having diabetes or high blood pressure; having high amounts of LDL (the bad) cholesterol; being overweight; or smoking.

What to do:

- Have your blood pressure checked at least once every two years.

- Get your cholesterol tested starting at age 35—earlier if your doctor advises.

- Ask your doctor about aspirin therapy to help protect your heart.

Colorectal cancer is the second leading cause of cancer deaths in the U.S. However, a third of those deaths could be eliminated if everybody 50 and older had the recommended screenings for the disease, reports the CDC.

You may be at higher risk for colorectal cancer if you have a family history of the disease, are 50 or older, or have growths called polyps on the inner wall of the colon or rectum.

What to do:

- Talk to your doctor about screening starting at age 50. There are several types of tests available, including stool tests, sigmoidoscopy and colonoscopy. A physician can help you decide which test is appropriate for you.

Prostate cancer is rare in men younger than 45 but becomes more common after age 65. Along with age, risk factors include family history and race. The disease is more common in black men than in white, Asian American or American Indian men.

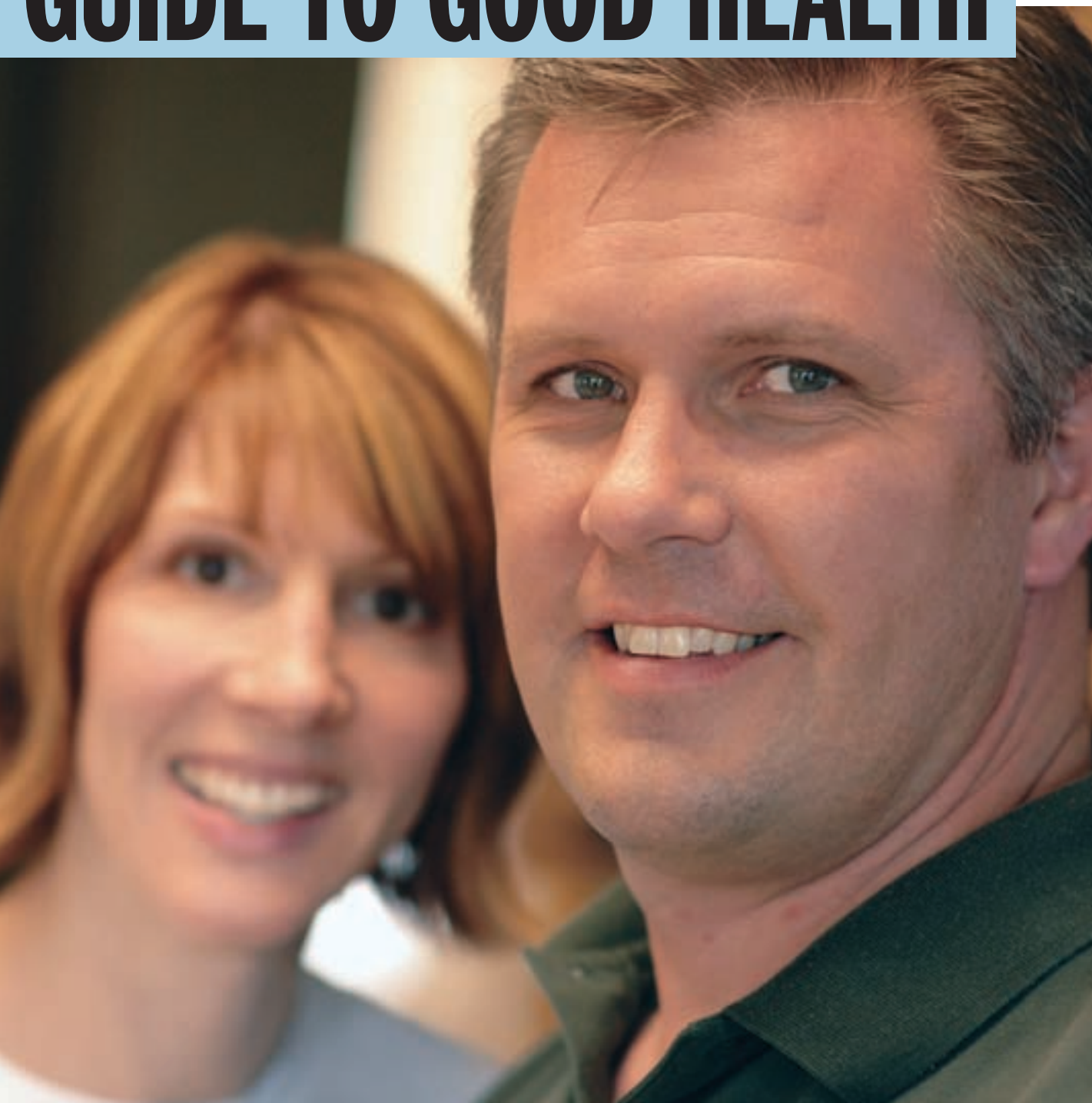
What to do:

- Discuss screening tests for prostate cancer with your doctor. A physician can help you decide if screenings are a good idea for you.

- Tell your doctor if you notice possible signs of prostate cancer, including blood in your urine; a frequent need to

Get a free referral for expert preventive care in Beaufort, Bluffton or Hardeeville. Call 888-522-5585.

GUIDE TO GOOD HEALTH



urinate at night; or a constant pain in your lower back, pelvis or upper thighs.

Diabetes affects the body's ability to use sugar and puts you at risk for complications that can affect the entire body—head to toe.

The disease can damage nerves and blood vessels, increasing your risk for stroke, vision loss, kidney damage and serious infections—especially in the feet and toes—that can lead to amputation.

Risk factors include being overweight or obese or having a family history of diabetes.

What to do: ● Get a diabetes test if you have high blood pressure or high cholesterol, advises the U.S. Agency for Healthcare Research and Quality.

● If you're 45 or older, you should consider getting tested for diabetes, advises the National Institute of Diabetes and Digestive and Kidney Diseases. You may need to be tested at a younger age if you're at increased risk for diabetes due to other factors, such as being overweight.

● If you have diabetes, follow your doctor's advice for

keeping it under control. This includes using any medications as prescribed, testing your blood sugar at home, eating a healthy diet and exercising as instructed.

FOR YOUR WHOLE BODY Along with getting all the tests and screenings you need, many problems can be prevented simply by taking good care of yourself.

Risk factors for many health problems—such as obesity, high blood pressure and high levels of bad cholesterol—can all be offset by diet and exercise.

Specifically:

● Eat a diet that's low in salt and fat but high in whole grains, fruits and vegetables. This will help control blood pressure, cholesterol and your weight.

● Exercise for at least 2½ hours a week—and more is even better.

And remember, don't wait to contact your doctor any time you have questions or concerns about your health.

Talk to your doctor: It's easy as 1-2-3

Over the years, there have been some remarkable advances in medical technology. But one of the most valuable health care tools in use today has existed from the very first time a patient visited a doctor.

It's good communication. According to the American Medical Association (AMA), open, honest communication between you and your doctor can help the doctor make an accurate diagnosis and form a treatment plan that meets your needs.

To help ensure good communication at your next doctor visit, the AMA offers these tips:

1 Prepare yourself. Make a list of what you want to discuss with your doctor. Mention any symptoms you have. Include when the symptoms began, how often they occur, and whether certain things trigger or improve them.

If you have questions, jot them down too. Try to be as concise and direct as possible when speaking with your doctor.

2 Be honest. The more your doctor knows about you, the easier it will be to provide good care. Among other things, information about your diet, tobacco or alcohol use and your sexual history is vital. So is information about medicines or supplements you take and any alternative therapies you may use.

When your doctor asks questions, don't hold back any information. The doctor will keep the information private and should not be judgmental or make you feel embarrassed.

3 Listen well. Your doctor should clearly explain your condition, what will be involved in your treatment and how to take any medications. Some people find it helpful to take notes.

Don't be afraid to ask questions or tell your doctor if something isn't clear. The doctor's time may be limited, but your questions and concerns should be addressed. If your appointment time is up and you still have unresolved issues, ask if a nurse might be able to help you or if you can call or e-mail the doctor later.

SPEAK UP, BE HEARD

FOUNDATION

Boards meet to make plans, celebrate

The Boards of Trustees of both Beaufort Memorial Hospital (BMH) and the BMH Foundation kicked off the 2008 annual meeting activities on November 11 with a special work session. Moving to the hospital cafeteria and terrace for dinner and the Foundation's annual business meeting, members of both boards reflected on the year gone by and looked together at challenges and opportunities of 2009.

Taking care of business The evening was one of both camaraderie and business:

- Two new Foundation trustees, Anton Campanella and Arthur Levin, were welcomed.
- Foundation Chairman Scott Stowe recognized outgoing trustee Bernie Vinoski, MD, for his service to the hospital and the Foundation as he relocates to Florida.
- Vice Chairman Bill Nettles presented the Foundation's 2008 "Spirit of Giving" award to Cindy Roddenberry, RN. Roddenberry is founder of "Thunder Rally," an annual motorcycle rally to benefit the Keyserling Cancer Center.
- The Dataw Island Women's Golf Association was also awarded a special plaque acknowledging their outstanding, ongoing support of the Cancer Center through their annual golf tournament.
- Wayne and Gladys Cousar were recognized for the highly successful 2008 Valentine Ball, and Lonny Nunamaker, MD, Malcolm Goodridge and their wives were



RALLYING AROUND A CAUSE: Cindy Roddenberry, RN (left), recipient of BMH Foundation's Spirit of Giving Award, with Stephanie Wood of Beaufort Motorcycles

recognized for co-chairing the upcoming Ball, planned for Feb. 7.

The agenda included presentations from Foundation Executive Director Alice Moss, who overviewed financial and program highlights of the past year; and Paul Swirbul of Gabelli Asset Management, who offered some interesting financial and investment insight for the upcoming year. Hospital Board Chairman Jerry Schulze and BMH CEO Rick Toomey thanked the Foundation for helping develop strong community support for BMH; they also thanked Foundation trustees for their continued support and hard work on behalf of BMH.

"These are especially challenging times for our hospital as we all struggle with economic downturns and uncertainty," Schulze said, "so we are looking to the Foundation more than ever to help BMH continue to be a great healthcare provider."

Foundation gives BMH \$1.2 million

At its annual meeting in November, BMH Foundation Executive Director Alice Moss reported \$1,275,054 in Foundation grants awarded to or on behalf of the hospital during the 2008 fiscal year.

About half the funds were used to buy digital mammography technology, which is now in place in Beaufort and will come online in Bluffton by spring of this year. Additional funds will support a variety of clinical items to enhance women's services in the birthing center and operating suite. Patient monitors, stretchers and a fluids warmer were purchased for the emergency room.

Now in its seventh year, the BMHF Endowment Fund made an unrestricted payout to the hospital in May 2008. Cumulative endowment payouts now exceed \$1.6 million.

2008 BMH Foundation Grant Awards

Women's services	\$709,430
Endowment payout	\$311,762
Emergency department	\$146,658
HealthLink for Children	\$32,493
Patient assistance through Mazarin Pharmaceutical Assistance	\$22,596
Other BMH	\$39,779
Health charities	\$12,336

"There was a time when we knew we had to hold off on requests for equipment upgrades or new tools that could enhance the delivery of patient care," says Karen Carroll, vice president for patient care. "While resources are always limited and we must be thoughtful in every investment, what a joy to know that through the generosity of our community and our employees, BMH now has the ability to step up in a more timely manner to improve the care we provide our patients."

If you would like to learn more about giving opportunities, call the BMH Foundation at 843-522-5774 or visit www.bmhsc.org.

Pingree named trustee emeritus

Taking special action at their 2008 Annual Meeting, trustees of the BMH Foundation unanimously agreed to award trustee emeritus status to Sumner Pingree.

Pingree served on the Foundation Board of Trustees from 1991 to 1999 in an elected position and again from 2003 to 2007 representing the hospital board, where he sat as a trustee appointed by Beaufort County Council.

With Russell Jeter, Pingree co-chaired the hospital foundation's first major capital campaign, "Right Now, Right Here." That project raised \$10 million between 1999 and 2002 to underwrite the Cochrane Heart Center and half of the new Keyserling Cancer Center, to fund a variety of BMH community wellness and chronic disease management programs, and to build the foundation's endowment fund.

Foundation Chairman Scott Stowe noted that Pingree has been selfless in his personal generosity and continues to support and promote Beaufort Memorial Hospital and the BMH Foundation. Bill Harvey, chairman of the BMHF Committee on Trustees, presented his committee's recommendation that Pingree be designated as the BMH Foundation's first trustee emeritus and welcomed to any and all Foundation meetings and functions.

"We deeply appreciate his continuing affiliation with the Foundation," Harvey says.



Sumner Pingree

Duke Symphony Orchestra

Saturday, March 28, 7 p.m.

- Special performance by BHS "Voices"
- Beaufort High School Auditorium, Lady's Island
- \$35 general admission in advance, \$40 at the door
- \$75 Patron ticket includes premium seating, conductor's reception
- Call BMH Foundation at 843-522-5774.

Sponsored by: Kinghorn Insurance of Beaufort and Lowcountry Anesthesia

Proceeds benefit Beaufort Memorial Hospital's Keyserling Cancer Center.



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REMEMBERING AND HONORING

THE BMH FOUNDATION gratefully acknowledges the following tribute gifts received from September 13 through December 30, 2008. To make a tribute gift, please call 843-522-5774 or go to www.bmhsc.org and click on "Donate Now."

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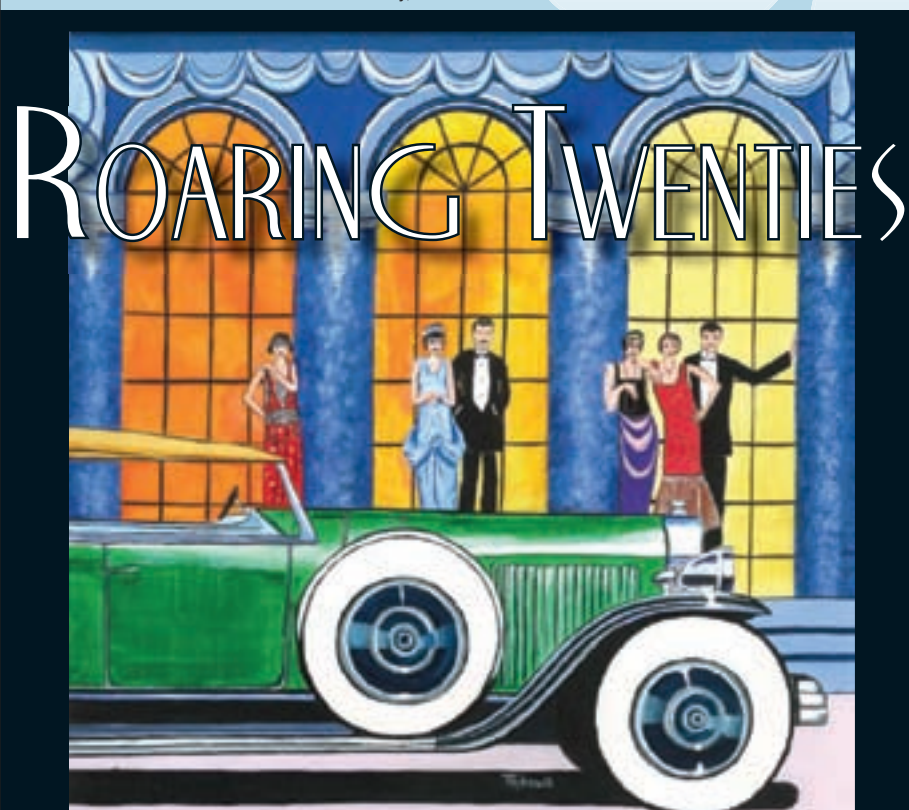
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SCREENINGS

SHOULD I GET A BREAST MRI?

Duke experts talk with local physicians about screening recommendations

OPRAH HAS TALKED about it, and other female celebrities have recommended it to their fans, but what is the real story about breast MRI? More important, should you get one?

Duke Oncology Network Medical Director Linda Sutton, MD, and Duke Assistant Professor of Radiology Sujata Ghate, MD, shared current screening guidelines and recommendations with Beaufort Memorial Hospital (BMH) physicians during a tumor conference last fall.

The purpose of the visit was to share the latest information about the use of breast MRI (magnetic resonance imaging) for breast cancer screening. The indications for breast MRI as well as limitations of the tool were also discussed.

“Every breast cancer case is individual, and every woman is different, so it’s important for women and their physicians to understand when breast MRI is indicated,” Dr. Sutton says. “The key to getting the most useful information from breast MRI comes from knowing who is—and is not—the right candidate for the test.”

A NEW TOOL “Breast MRI is fairly new in the imaging world,” says Daniel Mock, senior director of Imaging Services. “It was originally available only at bigger medical research centers, but it is now proving to be a great adjunct to traditional breast screenings, such as mammography and ultrasound, especially for women with dense breast tissue or implants.”

Breast MRI has increased in use in recent years, but it is not recommended for everyone, and it is not necessarily a better screening tool than traditional or digital mammography—especially in women with no known risk for breast cancer.

In March 2007, the American Cancer Society (ACS) issued specific guidelines for the use of breast MRI based on all available research. The ACS concluded that breast MRI should be used in addition to screening mammography for women who:

- Have a BRCA 1 or 2 mutation (genes linked with hereditary breast cancer).
- Have a first-degree relative with a BRCA 1 or 2 mutation and are untested.
- Have a lifetime risk of breast cancer of 20 to 25 percent or more using standard risk assessment models.
- Received radiation treatment to the chest between ages 10 and 30, such as for Hodgkin’s disease.
- Carry or have a first-degree relative who carries a genetic mutation in the TP53 or PTEN genes (Li-Fraumeni syndrome and Cowden and Bannayan-Riley-Ruvalcaba syndromes).

The recommendations were echoed by the National Cancer Institute (NCI), which concluded that one of the best uses of breast MRI is for detecting cancer in the opposite breast in women newly diagnosed with breast cancer.

“One in 10 women diagnosed with cancer in one breast will develop the disease in the opposite breast,” says National



Institutes of Health director Elias A. Zerhouni, MD.

According to a study published in the March 29, 2007, issue of the *New England Journal of Medicine*, MRI scans of women who were diagnosed with cancer in one breast detected more than 90 percent of cancers in the other breast that were missed by mammography and clinical breast exam at initial diagnosis.

Breast imaging upgrades at Beaufort Memorial Hospital

Beaufort Memorial Hospital (BMH) has invested in new technology in order to provide the community with the most up-to-date breast imaging services.

Based on national research, imaging experts at BMH upgraded the existing MRI machine in 2005 and now offer high-quality breast MRI imaging. BMH also invested in the equipment and training needed to provide breast MRI-guided biopsies, which ensures that a full range of services can be provided locally.

If you have questions regarding breast MRI or Comprehensive Breast Care Services at BMH, please call Daniel Mock, senior director, at 843-522-5130. Or go to www.bmhsc.org to submit your question by e-mail.

COMMON CONCERNS This leaves many women wondering why breast MRI wouldn’t be recommended for everyone, a question physicians nationwide are fielding with increased regularity.

“The problem with breast MRI, particularly in women with little or no known risk for breast cancer, is that it can result in greater false positives, which lead to unnecessary biopsies, not to mention stress and anxiety,” Dr. Ghate says.

If a woman is a good candidate for breast MRI, she should also consider whether or not the hospital is capable of performing a biopsy if something suspicious is found.

When suspicious areas are identified by breast MRI scans, ultrasound is sometimes used to examine the biopsy. But in some cases, the only option is to use MRI, so it’s important to choose a hospital that is equipped to handle both options. BMH is proud to provide both services for the community.

TRUSTED CARE AT BMH The imaging and MRI services at BMH are accredited by the American College of Radiology, which sets and requires high standards for quality. BMH has achieved this distinction annually since it first started providing MRI services in 1992.

In addition, the Imaging Services department continues to expand to better meet the needs of the community. BMH now offers digital mammography and is finishing final preparations for its Comprehensive


Breast Care Services. This department will provide extensive and compassionate care for breast cancer patients, and our breast care coordinator, Ronda O’Connell, MHA, RN, will help women navigate every stage of breast cancer, from diagnosis to treatment and recovery.

BMH, through its affiliation with Duke University, provides a full range of diagnostic services, all right here at home. And the state-of-the-art technology is complemented by a skilled and qualified medical staff of local surgeons, radiation oncologists, radiologists and medical oncologists.

THE BOTTOM LINE The fact remains that a great number of women don’t even have an annual screening mammogram, which is still viewed by the medical community as the best screening tool available for detecting breast cancer.

“If all women were screened annually for breast cancer, the incidence of the disease would drop by more than 30 percent,” Dr. Sutton says. “If there is any message to take away from any discussion about breast cancer, it is that annual screening should be at the top of every woman’s to-do list.”

To learn more about breast MRI indications and guidelines, visit the ACS website at www.cancer.org or the NCI website at www.cancer.gov.

 To schedule your annual screening mammogram at BMH, call 843-522-5015.



GLAD HE HAD THE SCREENING: Colorectal cancer survivor Michael Hudson, pictured with his wife, Martha, stayed in Beaufort for expert treatment at the Keyserling Cancer Center. “Go get checked for cancer,” he says. “Make sure you are healthy and that you are doing all the right things—especially black males. No one likes to be poked and prodded, but cancer has no age limits, no gender preference. That’s why you’ve got to get checked.”

How to reduce your risk

If you want to reduce your risk for colorectal cancer, check out the following recommendations from the American Cancer Society (ACS) and the American Institute for Cancer Research.

Eat well. Limit red meat to no more than 18 ounces per week, and avoid eating processed meat. Eat plenty of plant-based foods—at least five servings a day of fruits and vegetables—and several servings daily of fiber-rich foods, such as whole-grain breads, cereals, rice, pasta or beans.

Manage your weight. Obesity raises the risk of colorectal cancer. Cut back on calories and high-fat foods if you are overweight.

Keep moving. Be physically active every day for 30 minutes or more.

Don’t smoke. Recent studies indicate that smokers are 30 to 40 percent more likely than nonsmokers to die from colorectal cancer.

Get screened. Regular screening for colorectal cancer is one of the most powerful weapons in preventing colorectal cancer, reports the ACS.

● **Stool tests done at home.** For one such test, you put stool samples on test cards provided by your doctor. When you return the cards, they are checked in a laboratory for hidden blood—a possible sign of polyps or cancer. A stool test is usually recommended yearly, depending on the type of test used.

● **Sigmoidoscopy.** A thin, tubelike instrument with a light and a lens for viewing is inserted into the rectum. The doctor checks for polyps or cancer in the lower third of the colon and the rectum. Polyps can be removed if found. Sigmoidoscopy is recommended every five years.

● **Double-contrast barium enema.** Both a liquid containing a silver-white compound (barium) and air are put into the rectum to coat the lower colon, after which x-rays are taken. The barium coating outlines the colon so that the doctor can check for polyps or other abnormalities. If anything is found, the next step is a colonoscopy. Double-contrast barium enema is recommended every five years.

● **Colonoscopy.** The doctor uses a thin, lighted, flexible tube long enough to check the entire colon. If polyps are found, the doctor can remove them immediately. Sedation is provided. Colonoscopy is recommended every 10 years.

If you haven’t been screened for colorectal cancer, consider this: Experts believe tens of thousands of lives could be saved each year if every American were tested as recommended. One of those lives might be yours.

Additional source: National Cancer Institute

PROTECT YOUR HEALTH NOW

Getting tested for colorectal cancer could save your life

COLORECTAL CANCER MAY not be on your short list of great conversation topics. But talking with your doctor about testing for this potentially deadly disease could pay big dividends.

That’s because testing can produce two lifesaving outcomes:

- Precancerous polyps can be found and removed so that the cancer may never develop.
- Cancer can be found early—before symptoms even appear—when treatment is most likely to be successful.

WHEN TO BEGIN TESTING Colorectal cancer can occur anywhere in the colon or the rectum, a 6-inch section of the colon just above the anus. More than 90 percent of cases are diagnosed in people 50 or older.

That’s one reason why the American Cancer Society recommends testing beginning at age 50 for everyone, even those who have no symptoms and no family history of the disease.

Your doctor may recommend testing sooner if you have a family history of colorectal cancer or you belong to a group that is at high risk for the disease, such as African Americans.

You’ll need a test immediately if you have symptoms

of colorectal cancer, such as: ● Diarrhea, constipation or narrowing of the stool that lasts for more than a few days. ● A feeling that you need to have a bowel movement, but the feeling continues after a movement. ● Rectal bleeding or blood in the stool. ● Cramping or steady pain in the stomach area. ● Weakness and fatigue.

Colorectal cancer screenings are performed by a gastroenterologist (GI). To find a board-certified GI specialist, call 888-522-5585.

HOW TESTING IS DONE Four types of tests are commonly used to screen for colorectal cancer. Your doctor can discuss the pros and cons of each test and help you decide which test is best for you.

Screening tests are usually not painful, but they may cause discomfort for some people. In some cases, sedation may be given to make you more comfortable during the procedure.

Screening choices include:

EXPERT CANCER TREATMENT CLOSE TO HOME

MICHAEL HUDSON is a young, vibrant husband, father and biology professor, whose young family and busy schedule don’t leave him with a lot of extra time.

That’s why when he was faced with a colorectal cancer diagnosis in 2007, Hudson and his wife, Martha, began researching treatment options close to home and eventually chose the Keyserling Cancer Center.

“After surgery I had two choices: MUSC [Medical University of South Carolina] and Beaufort Memorial Hospital,” he says.

Hudson’s treatment would involve weeks of radiation therapy followed by six months of chemotherapy.

“I knew it would be a great burden to drive to Charleston every day for treatment, so I started to do some research,” he says.

Hudson spoke to a friend who had been treated at the cancer center. Then he talked to all of the staff and decided to stay in Beaufort. It was a decision he and Martha will never forget.

“They always told me what to expect and made sure

I had everything I needed,” he says. “They even put me into contact with other people for support.”

Hudson says he really appreciated that staff members kept him informed about his treatment and helped him find other patients who could offer insight and encouragement.

“From the minute I walked in the door they called me by my name,” he says. “They genuinely cared about me—I wasn’t just another patient. From that moment on I knew they would take good care of me...and they did.”



It's easy to see why Beaufort Memorial Hospital is the region's preferred healthcare provider.

Beaufort has been five-star rated for 2009 by HealthGrades® in the following disciplines:

- Overall Orthopedic Services
- Joint Replacement
- Spine Surgery
- COPD Treatment (Lung Disease)
- Total Knee Replacement
- Back and Neck Surgery
- Spinal Fusion
- GI Surgery and Procedures

We also received a HealthGrades Spine Surgery Excellence Award™ for ranking in the top 10 percent of comparable programs nationwide. Our physicians and staff take pride in delivering that superior level of care and service. Choose Beaufort Memorial and see for yourself.



Beaufort Memorial HOSPITAL

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IN HEART AND CANCER

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- Bone density screening.
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WINTER 2009