

WORKING TOGETHER FOR A HEALTHY COMMUNITY • SUMMER 2015

Partners



BABY'S IMMUNIZATIONS:

FIRST STEPS

TOWARD A HEALTHFUL LIFE



JACKSON
HOSPITAL



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Back to the books

DEAR FRIENDS AND COMMUNITY MEMBERS:

In the last issue of *Partners*, we were preparing you and your family for summer—things to do and how to stay healthy. And in the blink of an eye, we're approaching the end of summer and the children are getting ready to go back to school.

As parents know, back to school means class schedules, school supplies and sometimes routine vaccines. In this issue, we give you a guide to which vaccines your children need and what they protect against. We've also included the recommended vaccine schedule for adults for good measure.

The first phase of our women's center renovations have been completed, and the second and final phase is underway. This project was largely funded by our foundation, which relies on support from community members and businesses. Their next big fundraiser—the 10th annual Swinging Fore Healthcare golf tournament—is happening this month. Over the past nine years, the tournament has raised more than \$860,000 to improve services at Jackson Hospital. We appreciate everyone who is planning to participate in this fun and worthwhile event.

I wish you and your family good health and appreciate you choosing Jackson Hospital.

Joe B. Riley
President and CEO

Next time you're online

Check out www.facebook.com/jacksonhospital,
www.twitter.com/jacksonhospital and
www.youtube.com/jacksonhospital.

Also be sure to visit Jackson at www.jackson.org.



PARTNERS is published as a community service for the friends and patrons of
JACKSON HOSPITAL
1725 Pine St.
Montgomery, AL 36106-1117
334-293-8000 | www.jackson.org

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For address changes, comments or suggestions about *PARTNERS*, please contact us at 334-293-8805.

On the cover: Alyssa Wood and her son, Landon—a Jackson baby!

Founded in 1946, Jackson Hospital is a community not-for-profit hospital serving Montgomery and the Alabama River Region. Our comprehensive healthcare services include cardiac, cancer, neurosciences, orthopedics, surgical care, and women's and children's care, along with 24-hour emergency services.

Information in *PARTNERS* comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your healthcare provider.

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CMM31411



Prostate cancer

Should you be screened?

THE DECISION IS BEST made after talking with your doctor.

There are some things you can do for your health that are definitely worthwhile, like stopping smoking. But there are other things once believed to be good for you that now are of questionable benefit. One is prostate cancer screening.

It might seem logical that finding cancer early—the goal of screening—would always be a good thing. But that's not necessarily the case with prostate cancer.

What are the risks?

According to the U.S. Preventive Services Task Force (USPSTF), most prostate cancers are slow-growing and unlikely to harm a man during his lifetime. But treating this cancer when it isn't necessary can, and often does, prove harmful.

At most, just one out of every 1,000 men who are screened for prostate cancer will avoid dying from the disease. But about 50 will have complications, such as erectile dysfunction or loss of bladder control, because of their treatment.

A discussion worth having

Joshua Waits, MD, with The Jackson Clinic Urology, said it is important for patients to talk to their doctors about being screened.

"Certainly, screening may not be right for every man, yet recent studies have shown that screening with PSA (prostate specific antigen) test and DRE (digital rectal exam) has provided overall survival benefit compared to men who were not screened," Dr. Waits said.

It's best to talk with your doctor about whether screening for the disease makes sense for you.

The American Cancer Society recommends that men at average risk of prostate cancer who are expected to live at least 10 years have this discussion beginning at age 50. Men at increased risk should have the discussion at age 45 or even earlier.

Our primary care physicians are accepting patients. To make an appointment, call 334-293-8888.

Ready for this, guys?

Learn more about prostate cancer at our men's health seminar and luncheon with urologist Joshua Waits, MD, on Tuesday, August 25, at noon. To register, call **334-293-8888** or visit **www.jackson.org/events**.



Joshua Waits, MD

SCREENING TESTS BY AGE FOR MEN

20

BLOOD PRESSURE

Start screening at least every 2 years.

CHOLESTEROL

Start screening every 5 years.

30

DIABETES

Ask your doctor about screening.

45

DIABETES

Start screening at least every 3 years.

50

COLORECTAL CANCER

Talk to your doctor about screening options.

PROSTATE CANCER*

Ask your doctor about screening.

65

ABDOMINAL AORTIC ANEURYSM

Get screened once between ages 65 and 75, if you've ever smoked.

70

OSTEOPOROSIS

Start screening, depending on your risk factors.

These recommendations are for most men. Talk with your doctor about what's right for you.

**African American men should talk with their doctor at age 45.*

Sources: American Cancer Society; American Heart Association; National Institute of Diabetes and Digestive and Kidney Diseases; National Osteoporosis Foundation

Check it out:

Vital screenings for your newborn

FOR NINE MONTHS of pregnancy, expecting parents do a lot of preparing: for childbirth, for the nursery, for feeding and so much more. But in those moments right after childbirth, what should new parents expect?

After birth, newborns are screened for several health conditions.

Testing, testing

"Jackson Hospital participates in the Alabama Newborn Screening Program, which tests for 31 core conditions, including PKU, congenital hypothyroidism, hemoglobinopathies, galactosemia, congenital adrenal hyperplasia, biotinidase deficiency, a number of amino acid, organic acid and fatty acid deficiencies and cystic fibrosis," said Ava Garmon, RN, who works in Jackson Hospital's nursery. "This is a blood test done the day of discharge. We send the blood sample to the newborn screening department of the Alabama Department of Public Health."

Should any abnormalities be found, parents can expect to be informed of those within two weeks of the test being performed.

Another important test parents should expect for an infant: a hearing test.

"If the infant does not pass one or both ears, we refer them to an audiologist for further testing," Garmon explained. "We also check pulse oximeter (the oxygen saturation of a patient's blood) readings at delivery and again at day two of life to screen for any congenital heart disease. We have a back to sleep program that informs parents of safe sleep positions for their infant to

reduce the risk of sudden infant death syndrome."

While those are the screenings that a full-term infant would receive, preterm infants are tested further.

Are you sitting down?

"We do a car seat challenge test a few days before discharge," Garmon said. "We watch for any signs of apnea, bradycardia or oxygen desaturations while the infant is sitting upright in the car seat. We also teach parents CPR/choking for any infant who is less than 35 weeks gestation. We also have an occupational therapist who performs developmental screenings on our preterm infants and will recheck their progress at three months or six months of age. Any infant who is 32 weeks or less, or any infant between 32 and 34 weeks who was on oxygen longer than 72 hours, will also have their eyes checked by an ophthalmologist trained in retinopathy of prematurity."

For more information on Jackson Hospital's Family Birth Center, visit www.jackson.org/baby.



WE'RE DUE TOO!

Jackson Hospital's \$3 million renovation of its women's center continues, with an expected completion date of December 2015. The center, which will officially be called the Family Birth Center at Jackson, boasts all new equipment; large, updated rooms; and a warm, welcoming environment for mom and baby. A tile mosaic greets guests at the entrance to the unit, and nature photography depicting new life can be found in patient rooms throughout the Family Birth Center at Jackson.

The first phase of the project, which includes eight new patient rooms and a triage room, are completed. Phase 2 has begun, and it includes the remaining six patient rooms, the nurses' station and the elevator lobby.



Venous ulcers

What you need to know

IF YOU HAVE A HISTORY of varicose veins, painful swelling in your legs or blood clots, you may be at risk for venous stasis ulcers. A venous ulcer is a skin wound caused when blood collects or pools in the veins of the lower legs. The first sign of an ulcer is typically skin that becomes red or purple over the area where blood is pooling. If the ulcer is infected, you may see a significant amount of discharge draining from the wound. The border of the ulcer is usually irregularly shaped, and the surrounding skin may feel warm to the touch. If swelling has occurred, the skin may appear shiny.

When it doesn't flow right

The pooling is caused by a valve that doesn't properly return blood back to the heart as it should, causing pressure on the veins in the legs.

Venous ulcers are usually found below the knee on the inner part of the leg, above the ankle and below the calf. Ulcers can affect one or both legs.

"The best advice is to seek a vascular surgeon or specialist if you or a family

member starts to experience any signs of venous disease," said Gino Castaneda, MD, vascular surgeon at The Jackson Clinic.

While venous ulcers are slow to heal and have potential to return if not treated, new ulcers are likely to heal faster than larger ones that are more developed.

So what do I do?

While venous ulcers can be painful, treatment options are available. The most important step to treatment and prevention is to improve blood circulation. This can be achieved by elevating the legs above heart level as often as possible, wearing compression socks and walking.

To assist with the healing process, your doctor may remove the dead tissue from the wound. If it doesn't heal, the doctor may recommend medicine, skin grafting or surgery.

Even after an ulcer is healed, it is important to continue wearing compression socks and walking as much as possible to maintain healthy blood circulation.



Gino Castaneda, MD

Anything else?

Another venous disease that Dr. Castaneda warned about: May-Thurner syndrome.

"May-Thurner syndrome is often missed, but it is quite prevalent," Dr. Castaneda explained. "This occurs when the artery compresses the

vein in the lower abdomen, preventing adequate drainage of blood in the legs. This leads to venous congestion in the legs."

While more common in the left leg, May-Thurner syndrome can also impact the right leg, Dr. Castaneda said.

"This is often difficult to diagnose but easily treatable," he said. "It is not uncommon to encounter patients who have had chronic venous disease for years but don't realize that what they have is May-Thurner syndrome. After treatment with minimally invasive procedures, patients often experience a significant relief from their symptoms."

Get a leg up on vein disease. If you have been diagnosed with or have symptoms of venous disease, contact The Jackson Clinic Vascular Services at **334-293-8922**. Gino Castaneda, MD, recently joined Brian Sellers, DO, and Ishwarlal Bhuta, MD.

500 to 600 THOUSAND

Venous ulcers affect 500,000 to 600,000 people in the United States

The percent of all leg ulcers that are venous ulcers

80% to 90%

There are some factors that can increase the risk of developing a venous ulcer. Those include:

- Deep vein thrombosis
- Obesity
- Smoking
- Lack of physical activity
- Extended periods of standing



LOSE 10 PERCENT

You'll gain so much—promise!

WILL YOU EVER GET BACK THE BODY you had in your younger days? Does your scale seem to be stuck? Is weight loss a daunting task? Here are the sour facts: 30 percent of Americans are obese, and 60 percent are overweight. Sometimes, weight loss can seem daunting if you think about the total number of pounds you want to lose. But giving yourself a smaller milestone to start with can lead to tremendous results.

Think small, lose big

"First, you should know the benefits of just losing five to 10 percent of your body weight and set your weight-loss goals accordingly," said endocrinologist Ahmet Bahadır Ergin, MD. "Most people put unrealistic goals to lose, for example wanting to lose 20 to 30 percent of their body weight in a very short time, such as weeks or months, and they become frustrated easily. It is more achievable to strive for losing five to 10 percent of your body weight. After losing the first 10 percent, you will know what needs to be done to lose more weight."

Starting with a smaller milestone gives people a realistic expectation of what is involved with weight loss. And, when that milestone is reached, many people feel motivation to continue their success.

"Health benefits of weight reduction as low as five to 10 percent are obvious and have been proved in studies many times," said Dr. Ergin. "This means that an individual who weighs 250 pounds will benefit greatly from losing 15 to 30 pounds."

What good does it do?

Dr. Ergin explained the health benefits of the weight loss.

"First, losing just five to 10 percent of body weight will increase HDL (high-density lipoprotein) cholesterol, which can lower the risk of heart disease. HDL cholesterol of greater than 50 milligrams per deciliter (mg/dL) for men and more than 60 mg/dL for women provides protection against heart disease. On the other hand, HDL cholesterol less than 40 in men and less than 50 in women is a risk factor for premature heart disease. If you are more than 25 years of age and overweight, your doctor should test your cholesterol to determine your risk."

Dr. Ergin said losing five to 10 percent of body weight can also decrease blood triglycerides. Exercise; a diet low in concentrated sugars, carbohydrates and fats; and a reduction of excessive alcohol intake will also help to reduce triglycerides, which are a known risk factor for premature heart disease.

Many patients see positive changes to their blood pressure after weight loss.





Need support losing? Talk with your doctor, or call **334-293-8877** for a physician referral.

“By losing five to 10 percent of body weight, blood pressure, both systolic and diastolic, decreases,” Dr. Ergin explained. “In conjunction with a salt-restricted diet, and one that is rich in vegetables, fruit and low-fat dairy, the effect on blood pressure could be even higher.”

Being overweight or obese also increases the risk for type 2 diabetes because the body cannot effectively use insulin, a hormone that helps convert food to usable energy. A 10 percent reduction in body weight allows the body to use the insulin more efficiently, which can prevent or delay the onset of diabetes.

Obstructive sleep apnea is a sleep disorder commonly diagnosed in overweight or obese patients. Sleep apnea results in insufficient oxygenation during the night, so patients may snore or gasp for air during sleep. This results in fatigue and sleepiness

during the day.

More restful nights

“Losing weight has been shown to improve sleep apnea,” said Dr. Ergin.



Ahmet Bahadir Ergin, MD

Another benefit of weight loss? The impact on a person’s risk for heart attack or stroke.

“Many studies have shown that fat cells and especially abdominal fat cells produce substances that cause

inflammation in the body,” Dr. Ergin explained. “The inflammation on vessels can result in strokes and heart attacks. When a weight-loss level of 10 percent is achieved, the levels of inflammatory substances circulating in the blood drop significantly and therefore the risk of vascular damage is reduced as well. Reduction in inflammatory substances in the body also will increase the body’s energy level and well-being.”

Obesity has also been linked to an increased risk of certain cancers, including those of the esophagus, colon, pancreas, breast, endometrium, kidney, thyroid and gallbladder. Reduction in body weight can reduce the risk of these cancers.

Don’t delay!

“A 10 percent body weight loss will result in better blood pressure, improved heart health and cholesterol levels, decreased risk for diabetes, a better night’s sleep for those with obstructive sleep apnea, decreased risk for many types of cancer, and more energy,” said Dr. Ergin. “Weight loss starts with lifestyle changes including diet and exercise and, when indicated, treatment with medication. In extreme cases or patients who are not responding to diet and exercise or medications, bariatric surgery may be an option as well. The first step is to talk to your physician who will help choose a diet plan and medication, if needed, that are most appropriate for you.”



Vaccines

The best shot at prevention for your child—and you

THERE IS NO SHORTAGE of information about children and vaccines. But the most important thing you need to know is this: Vaccines save kids' lives.

Immunizations help protect children against debilitating and potentially deadly diseases, such as polio and measles. According to the American Academy of Pediatrics, vaccines have reduced the number of infections from these preventable illnesses by more than 90 percent.

"Vaccinations have been used for hundreds of years to prevent diseases and the spread of diseases that have the potential to cause significant morbidity and mortality," said family physician Christopher Waguespack, DO. "The benefits of vaccination far outweigh the risks and problems associated with them. Every major medical group that weighs in heavily on the subject recommends routine vaccination in children and adults."

Many of the diseases that vaccinations prevent are rare, and that's due in part to the effectiveness of immunizations. But that doesn't mean your children don't need protection. The viruses and bacteria that cause these diseases still exist. Also, some vaccine-preventable illnesses are still common outside of the U.S., so travelers could carry diseases with them. That's why it's so important for children to be up-to-date on their shots.

Are they safe?

Vaccines are both effective and safe. Side effects are usually mild and can include swelling, redness and tenderness at the site of the injection. Also, kids may have a slight fever or fussiness for a little while after a shot.

Most children—even those with a minor illness, such as a cough or ear infection—can be immunized safely. Kids who have a more serious illness may need to delay or avoid certain shots based on recommendations from the child's pediatrician.

For those who are unable to get vaccinated for medical reasons, community, or "herd," immunity offers protection.

According to www.vaccines.gov, when a majority of a community is immunized against a contagious disease, most members of the community are protected against that disease because there is little opportunity for an outbreak.

The website explains that even those who are not eligible for certain vaccines—such as infants, pregnant women, or immunocompromised individuals—get some protection because the spread of contagious disease is contained. This is known as "community immunity."

Children aren't the only ones who need vaccines, though. Adults should stay up-to-date on vaccines, too, and may sometimes need a booster for a vaccine they received as a child. For a full recommended vaccination schedule, visit www.jackson.org/vaccines.

"I wanted my child protected from any diseases and sicknesses that can be prevented. I know all medicines have side effects, but I believe vaccinations prevent life-threatening sicknesses. I think medicine has come a long way and really helps." —Alyssa Wood, pictured with her son, Landon





How can I help my child get through this?



For a child, going to the doctor may be associated with getting a shot, and that's because kids nowadays get vaccines to protect them from 14 diseases. That's a lot of shots!

Even though the pain from most vaccinations isn't bad, many kids still fear them. With a few simple strategies, parents can help ease both the dread and the discomfort of shots.

Soothe infants and babies:



- Place a tiny bit of sugar on a newborn's tongue. (This probably won't help with older babies.)
- Bring a favorite toy for baby to hold.
- Make eye contact and smile.
- Softly sing a favorite lullaby.
- If you're breastfeeding, nurse your baby.
- Afterward, hold and rock your baby in firm, loving arms.

Comfort toddlers:



Ask your doctor about using a cooling spray or topical anesthetic to numb the injection site.

- Hold your little one on your lap, chest to chest.
- Read a favorite story.
- Blow the pain away. Ask your toddler to blow you kisses or to set a pinwheel spinning.

Empower older kids:



- Ask whether your child can pick the shot site. Having a sense of control may make getting vaccinated easier.

Relieve the after-pains:



Sometimes kids have soreness at an injection site or feel fussy or feverish after a shot. These things may help:

- Place a cool, damp washcloth on the injection site.
- Give your child acetaminophen or ibuprofen to reduce fever. Never give aspirin.

Serious reactions to vaccines are rare. Still, any time you are worried about your child's health, don't hesitate to call your doctor.

Preventive care that's easy on the wallet



Many screenings are covered at no cost under the Affordable Care Act

WE ALL WANT to do what we can to maintain good health. Of course, we have budgets to balance too. So it's good to know that many important stay-well services—like recommended immunizations, tests and checkups—are covered under the Affordable Care Act (ACA) at no extra cost to you.

That means you typically don't have to meet any co-pays, co-insurance or deductibles when you get these services from an in-network provider.

"My advice is for people to familiarize themselves with the preventative section in their insurance handbooks, as most of these types of visits, such as wellness visits, well-baby visits, etc., are covered at 100 percent on an annual basis," said Beth Hataway, WellnessWorks corporate health consultant for Jackson Hospital. "Additionally, preventative tests like

mammograms and colonoscopies are usually covered at 100 percent depending on eligibility. WellnessWorks really encourages people to take advantage of the wellness visit because staying healthy helps keep them out of more costly urgent care settings."

The preventive services covered under the ACA have earned either an "A" or "B" rating from the U.S. Preventive Services Task Force—meaning they're likely to provide either substantial or moderate health benefits.

But whether a test or other type of

preventive care is actually recommended for you (or your family) depends on your age, medical history, and whether you're a man or a woman. Your doctor can tell you more.

Remember: This is just a sample of the types of preventive healthcare services covered under the ACA. You can read about all of them at www.healthcare.gov. Search for "Preventive Care."

And it's always a good idea to check your health insurance plan for details about coverage too.

A SAMPLING OF SCREENINGS

There are dozens of preventive services that may be covered for adults and children. Some of them include:



Blood pressure screenings.



Breast, cervical and colorectal cancer screenings.



Diabetes screenings.



Screenings for sexually transmitted infections, including HIV.



Many types of vaccinations.



Well-woman checkups.



Many children's screenings, including vision and hearing checks.



Abdominal aortic aneurysm screening.

UNDERSTANDING INSURANCE TERMS

Allowed amount. The most your plan will pay for certain healthcare services. If you're charged more than your insurance will pay, you may have to pay the difference.

Co-pay. This is short for co-payment. It's a set dollar amount you pay each time you see a provider, get a prescription or use another covered health service. Your co-pay can vary.

Co-insurance. The percentage of the cost of a service that you must pay

after you've met your deductible. A common co-insurance ratio is 80-20. In other words, insurance pays 80 percent of the allowed amount for the service and you pay 20 percent.

Coverage. The health services your plan will pay for.

Deductible. The amount you're required to pay for medical care each year before your insurance pays.

Formulary. A list of prescription drugs that your health plan or prescrip-

tion plan will cover. It's also called a drug list.

In-network/out-of-network.

Providers—hospitals, doctors, specialists and therapists, for example—who accept your health insurance are called in-network providers. Ones that don't are called out-of-network providers. It typically costs you more to see out-of-network providers.

Premium. The set monthly amount you pay for insurance.

For more information on surgical treatment for your Crohn's disease, talk to your primary care physician. If you do not have a primary care physician, call **334-293-8888**.

Crohn's disease

When **SURGERY** is needed

SURGERY IS USUALLY not the first line of defense for someone with Crohn's disease. But over time, it becomes more likely. In fact, up to 75 percent of people with Crohn's will have surgery at some point in their lives. Some people choose it. For others, it's an absolute necessity.

Common procedures include:

Strictureplasty. In this procedure, parts of the colon that have become too narrow are reshaped by cutting and restitching the colon without removing any of the intestines.

Resection. In this procedure, diseased sections of the bowel are removed. The healthy ends of the intestines are joined together.

Colectomy. This removes the colon, and then joins the small intestine (the ileum) to the rectum. This allows the person to continue to pass stool through the anus.

Proctocolectomy with ileostomy. This removes the colon, the anus and the rectum. Surgeons create a stoma—a hole about the size of a quarter—in the abdomen. The end of the ileum is brought through the stoma. Stool drains out of the stoma into a small plastic pouch called an ostomy bag, which is emptied several times a day.

Surgery can relieve symptoms of Crohn's and



Crohn's disease causes inflammation of the digestive system. It is one of a group of diseases called inflammatory bowel disease. Crohn's can affect any area from the mouth to the anus. It often affects the lower part of the small intestine.

improve quality of life. But it isn't a cure. The disease often returns eventually.

Many procedures are now done in a minimally invasive way, with less pain and risk of infection.

But surgery for Crohn's is still a serious decision and requires a careful review of options, benefits and risks.

Sources: Crohn's and Colitis Foundation of America; National Digestive Diseases Information Clearinghouse



GET HIP TO A NEW HIP

Opt for a
new life over
chronic pain



Steven A.
Barrington, MD

We can make your new hip happen. Schedule an appointment with Alabama Orthopaedic Specialists. Call **334-274-9000**.

WHEN YOU'RE LIVING with a painful hip, there's a good chance you're not really living. It may be hard to stand, walk or even bend over to tie your shoes. The more challenging these simple tasks become, the harder it may be to do activities you enjoy.

If this describes your life, then it may be time to learn about hip replacement surgery.

WHY DOES IT HURT?

Most painful hips are caused by arthritis, which damages the bone and cartilage in the hip. But other conditions, such as a fracture or a tumor or poor blood supply to the bone, may also be to blame.

To help hurting hips, doctors typically first recommend things like medications, exercise or physical therapy. But if those treatments don't ease the pain, then surgery is a safe and effective option.

"What I recommend first is to make sure patients have tried all conservative methods of treating hip pain first," said orthopedic surgeon Steven A. Barrington, MD. "That could be the use of an ambulatory aid, such as a cane, or altering activity. However, when the pain with activity is limiting, and other treatments haven't worked, I recommend hip replacement surgery. Visible arthritis on an x-ray is also another reason I might recommend surgery, but that varies from patient to patient."

Most people who have had a hip replaced report that the surgery made

them feel better and improved their quality of life.

HOW DOES SURGERY HELP?

Hip replacement surgery is performed with either regional or general anesthesia. It may involve a traditional open procedure—called a posterior approach—or minimally invasive surgery—an anterior approach.

"With the anterior approach, patients can expect a faster recovery time," said Dr. Barrington. "We're getting patients out as early as the day after surgery. I think it's a very real possibility that we could someday begin doing it as an outpatient procedure."

For Dr. Barrington, the benefits to an anterior approach are abundant.

"First, it's a smaller incision," he said.

"Also, patients don't have to be concerned about hip precautions such as how they bend it and in what way. There is no limitation in that regard. Theoretically, somebody can be back doing whatever they want within a few days. They still have to

recover from the surgery, so that part could take some time, but I don't limit patients at all. They can basically improve at their own pace. An anterior approach to hip replacement is excellent for patients who want to get back to work."

IS IT RIGHT FOR YOU?

If you've been dealing with hip pain that's interfering with your life and isn't getting better with other treatments, ask your doctor if hip replacement surgery is a good choice for you.

For Linda Dean, a recent patient of Dr. Barrington's, hip surgery was the best option.

"I had a cane that I sometimes used to walk before I had the surgery on March 9," Dean said. "I have absolutely no pain now when I walk. Before, I couldn't stand for even a short time without having a lot of pain, and immediately after the surgery, I could stand with no pain."

Dean stayed in the hospital three nights after her surgery, and then completed six weeks of physical therapy at home.

"When Dr. Barrington told me about a new procedure for hip replacement using the anterior approach, I went home and researched it," Dean said. "He felt like it would be the best thing for me and it certainly was. I felt very positive about it. I was very confident and comfortable with Dr. Barrington."

Prior to your hip replacement surgery, attend our Joint Venture Class. It is offered on the first and third Thursdays of each month from 9 to 10:30am. Visit www.jackson.org/events for more information.

THE FUTURE OF HEALTHCARE

The Jackson Hospital Foundation awarded ten \$1,000 scholarships to graduating seniors who are pursuing a degree in a healthcare-related field. Pictured are (from left) Deanna McBride, Brewbaker Technology Magnet School; Tiffany Haggerty, Benjamin Russell High School; Nishmeth Hernandez, Bullock County High School; Kamy Cobb, Hooper Academy; Braidyn Lazenby, Prattville High Schools; Luke English, Eastwood Christian School; Bailey Singleton, Macon East Montgomery Academy; Ruchir Rastogi, Loveless Academic Magnet Program; Ellynn Schloss, Prattville High School; and Amber Surles, Southside High School.



AIR IT OUT

Store toothbrushes standing upright in open air. Covering the bristles can trap moisture, which can cause microorganisms to grow.

American Dental Association



OH, BABY!

Be sure to pick up a baby planner at OB-GYN offices throughout the River Region. The books are presented by Jackson Hospital and the Montgomery Advertiser.

STRONGER TOGETHER

Jackson Hospital has entered into a three-year partnership with Studer Group. Studer Group works with healthcare organizations to create a culture of excellence through coaching and cultural transformation.

COLORS BY NATURE

What turns your fingers orange when you peel carrots? Fat-soluble pigments called carotenoids, which give cantaloupe and butternut squash their delightful tints too. The color also tells you that it's a source of vitamin A.

fruitsandveggiesmorematters.org



health steps

SWINGING FORE HEALTHCARE

GOLF TOURNAMENT
AND BALL DROP

FRIDAY, AUG. 28
Wynlakes Golf &
Country Club
Call 334-293-6940 for
more information or visit
[www.jackson.org/
balldrop](http://www.jackson.org/balldrop).

Find out more online

There's more about these and other
classes on Jackson Hospital's website,
www.jackson.org/events.



Summer

WELLNESS AND SAFETY

AARP Driver Safety Program

SATURDAY, AUG. 22, 8:30AM TO 2:30PM
\$20 | JACKSON HOSPITAL, CLASSROOM 1
A refresher course that may qualify older
drivers for an auto insurance discount.
334-293-8805

Heart Saver CPR Class

THURSDAY, SEPT. 3, 1 TO 4PM
\$30 | JACKSON HOSPITAL, CLASSROOM 4
For anyone who wants to learn basic
CPR skills and how to use an AED.
334-293-6886

Joint Venture Class

FIRST AND THIRD THURSDAYS,
9 TO 10:30AM
JACKSON HOSPITAL, CLASSROOM 1
Before your total joint surgery, you
and a coach are required to attend this
presurgery class. Please schedule at least
four weeks before surgery.
334-293-8805

CHILDBIRTH AND PARENTING

Classes require registration. For class
dates and times or to register, please visit
www.jackson.org/events or call
334-293-8497.

Breastfeeding Class

\$15 | JACKSON HOSPITAL,
CLASSROOM 1
Breastfeeding and lactation support
designed for expectant mothers. Class
includes dealing with common problems.

Prepared Childbirth Classes

\$25 | JACKSON HOSPITAL,
CLASSROOM 1
Topics include labor and delivery
terminology, stages of labor, the role of
a support person, and care after deliv-
ery. Register by your fourth month of
pregnancy.

COMMUNITY EVENTS

Men's Health Seminar

AUG. 25 | \$5 | JACKSON HOSPITAL,
GOODE BUILDING
Jackson Hospital urologist Joshua Waits,
MD, will discuss topics important to
men's health. \$5 or free for My Hospital
Card Members.

Dragon Boat Races

AUG. 29 | MONTGOMERY RIVERFRONT
www.montgomerydragonboat.org

American Diabetes Association Step Out: Walk to Stop Diabetes

OCT. 17 | ALABAMA SHAKESPEARE FESTIVAL
www.stepout.diabetes.org

American Cancer Society Making Strides Against Breast Cancer

OCT. 31 | RIVERWALK AMPHITHEATER
www.makingstrideswalk.org



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1725 Pine St.
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SWINGING FORE HEALTHCARE
GOLF TOURNAMENT

Friday, Aug. 28

Wynlakes Golf & Country Club

SUPPORT A HEALTHIER
COMMUNITY! See page 15

Recycle me! Share this magazine with others, and recycle when finished.

Vascular Disease. **A Silent Danger.**

VASCULAR DISEASE is a condition that affects the arteries and/or veins. Most often, vascular disease affects blood flow, either by blocking or weakening blood vessels, or by damaging the valves that are found in veins. Organs and other body structures may be damaged by vascular disease as a result of decreased or completely blocked blood flow.

People that may silently be living with vascular disease:

- are diabetic
- have high cholesterol
- smoke
- have high blood pressure
- are obese
- engage in limited exercise
- have a family history of vascular and heart disease.



ARE **YOU** AT RISK?

FREE vascular screening examinations!

Carotid Artery Duplex
Renal Artery Ultrasound

Abdominal Aortic Ultrasound
Extremity Artery Evaluation



Call **334-293-8922**
to schedule.