

Health Connection

THE MAGAZINE OF SOUTHERN VIRGINIA
REGIONAL MEDICAL CENTER



**Are you
exercise savvy?**
Find out inside

**Be wise—
immunize!**

**Start your
day off right**
Why breakfast is your
most important meal

**A daily dose
of safety**
Take care with
your prescriptions

**Meet our
medical staff**



**SOUTHERN VIRGINIA
REGIONAL MEDICAL CENTER**

HOMETOWN QUALITY CARE

www.svrmc.com

Mind your medicine

Smart strategies to stay well



Adults over age 65 who have adverse drug reactions account for more than 177,000 emergency room visits each year. One-third of these visits are related to three drugs: warfarin (a blood thinner), insulin (for diabetes) and digoxin (a heart medicine). Many of these reactions can be avoided with better communication between patient and physician. Follow this advice to help you avoid becoming a statistic:

- **Tell your physician about all the medicine you're taking.** That

includes prescription medications and over-the-counter drugs and supplements. Your physician will want to make sure you're not taking anything that can cause a reaction or affect a drug's potency. For example, Ginkgo biloba, garlic, ginger and ginseng can all interact with warfarin, as can medications taken for headaches and joint pain, such as aspirin and ibuprofen. Iron and calcium supplements can interfere with thyroid medication absorption.

- **Ask questions.** Don't be afraid to ask your physician to clarify a medication's purpose and common side effects. Also make sure you know when and how often you should take it and what to do if you miss a dose. Learn both the medicine's brand name and generic name and its shape, size and color.
- **Write it down.** Keep a list of all the medications you take in your wallet in case you do end up in the ER. This will allow physicians and nurses to avoid giving you medicine that could cause a dangerous interaction.
- **Take your medication as prescribed.** Don't stop your treatment because you think it's not working, you have side effects or you think your pill-taking regimen is hard to stick with. Instead, call your physician. He or she may be able to prescribe a different medicine or dosage to minimize side effects or simplify your regimen.

Also let your physician know if you've stopped taking a prescribed medicine. Otherwise, he or she may assume the drug isn't working and give you a higher dosage or different medication.

- **Go to follow-up appointments.** Some medications, such as blood thinners and drugs for diabetes, seizures and heart problems, require regular blood tests and monitoring by your physician. Regular visits are crucial to ensure you're getting a safe and effective dose.



Snap, crackle, pop!

What are your joints telling you?

Your body is a symphony of sounds—that cracking in your ankles, the popping in your knee. What causes these noises? Sometimes, it's just ligaments or tendons tightening and moving with a joint. For the most part, these sounds are normal and don't require any treatment.

But sometimes these noises can signal a more serious problem. A loud pop and locking of a joint can mean that torn cartilage, a piece of bone or something else has gotten caught between joint surfaces. Cracking and grinding may be a sign of arthritis. A loss of smooth cartilage and roughening of the joint surface is to blame for these noises.

JUST MAKING NOISE?

To find out whether your popping and cracking should be of concern, look for the following signs. See your physician if you have any of these symptoms:

- pain accompanying the popping
- swelling of the joint
- locking or sticking of the joint
- loss of motion or function

A JOINT EFFORT

The Arthritis Foundation and the American Academy of Orthopaedic Surgeons suggest following these tips to keep your joints healthy:

- Maintain a healthy weight.
- Stretch to increase your flexibility. Ask your physician to help you develop a regular stretching program.
- Stand up straight, shoulders back.
- When you lift heavy objects, use your legs instead of using your back. If you can't lift something yourself, ask for help.



- Alternate heavy activity such as housework, brisk walking or strenuous yardwork with rest periods.
- Wear protective gear, such as wrist, elbow or knee pads, if you're engaging in an activity where you could fall.
- Pay attention to your body. Pain may be a sign you're overworking your joints.
- Eat a well-balanced diet that includes plenty of calcium (1,200 mg a day for those over age 50; 1,000 mg for those ages 19 to 50).

Knuckle cracking: Bad to the bone?

Some people just can't resist cracking their knuckles. The cracking sound you hear is the "popping" of air bubbles when the joint is pushed or pulled a certain way. Knuckle cracking can certainly be annoying to others, but does it really make your knuckles larger? That old wives' tale hasn't been proven, but this is still a habit you should try to break, as studies point to possible soft-tissue damage in joints, a weak grip and hand swelling as a result of repeated cracking.



Our team partners with you!



Douglas T. Arbour
Chief Executive Officer

Dear Neighbors,

Can you believe it's 2009? This past year has really flown by. Southern Virginia Regional Medical Center (SVRMC) has made me proud to be their chief executive officer for the past three years. Not only have we grown in new services and

physician recruitment, we've also seen improvements in our employee, physician and patient satisfaction scores. I'm so impressed with our staff and the accomplishments we've achieved.

MEDICAL STAFF RECOGNITION

It's my privilege to announce our Employee of the Year, Clinical Manager of the Year and Non-Clinical Manager of the Year for 2008. These annual awards honor those individuals who are a vital part of SVRMC's success.



Nicole Meredith, R.N.
Employee of the Year

Throughout the year, employees are selected for Employee of the Month; it's out of these individuals that the Employee of the Year is selected. Our winner for 2008 is Nicole Meredith, R.N. Ms. Meredith was hired as a scrub tech in the operating room (OR) in 2004. She

later completed nursing school while working full time and raising her son—doing it all with a smile on her face. Since then, Ms. Meredith has grown in her roles as an OR nurse, circulator and orthopedic coordinator. She's a testament to the ability to accomplish one's dreams and a shining example of exceptional customer service.

Jay Ewing, R.R.T., director of cardiopulmonary and sleep services for SVRMC, was chosen as the 2008 Clinical Manager of the Year. Mr. Ewing oversees

the operations of respiratory care, cardiac services and the Center for Sleep Services. Employed at SVRMC since 1979, Mr. Ewing has come up through the ranks with his hard work and dedication. He continues to improve his department, which earns him the respect of his peers and the medical staff. Mr. Ewing was instrumental in the development of our Center for Sleep Services and has taken on additional responsibilities overseeing other departments on an interim basis and supporting new managers.



Jay Ewing, R.R.T.
Clinical Manager
of the Year



Tom Clinedinst
Non-Clinical Manager
of the Year

HONORING SERVICE STAFF

SVRMC is proud to announce Tom Clinedinst, director of engineering services, as the 2008 Non-Clinical Manager of the Year. Mr. Clinedinst, employed at SVRMC since February 2007, oversees all maintenance, engineering and special projects. He also serves as the hospital's safety officer, Environment of Care chairman and is a member of the Employee Activities Committee. His employee satisfaction is extremely high, with a 0 percent turnover rate.

Congratulations to our winners! Together we'll make 2009 a year filled with great success.

Best regards,

Douglas T. Arbour
Chief Executive Officer
Southern Virginia Regional Medical Center

MEDICAL STAFF SPOTLIGHTS

The experienced, dedicated medical staff members of Southern Virginia Regional Medical Center (SVRMC) can help keep your family healthy. We'd like to introduce two of them to you.



LEON ROBINSON JR., M.D.
Board Eligible in
General Surgery

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In the general surgery field, the physician has training and core knowledge of anatomy, physiology, metabolism, immunology, nutrition, pathology, wound healing, shock and resuscitation and surgical intensive care. Through extensive training, general surgeons acquire experience related to diagnosis and preoperative, operative and postoperative management of the digestive tract, abdomen, breast, skin and soft tissue, endocrine system, head and neck, trauma and burns and vascular surgery.

To become a general surgeon, an individual must graduate from an accredited medical school and complete at least five more years in a surgical residency; acquire operative experience in the core areas of general surgery; and receive approval from the residency program director about surgical skills and moral qualities.

A native of South Carolina, Leon Robinson Jr., M.D., attended medical school and completed his surgery internship at the Medical University of South Carolina in Charleston, S.C. After a one-year anesthesia residency program at the University of Arkansas for Medical Sciences in Little Rock, Ark., Dr. Robinson finished his surgical residency at the University of Nebraska Medical Center in Omaha, Neb. Dr. Robinson joined the medical staff of SVRMC in October. He's accepting new patients.



ALAN W. SHERMAN, M.D.
Orthopedic Surgery

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Orthopedics is a specialty that deals with conditions and injuries to the bones, joints, ligaments, tendons and muscles of the skeletal system. These acute and chronic conditions can occur at birth, through injury or with age. Orthopedic surgeons use medical, physical, rehabilitative and surgical interventions to preserve and restore normal functioning.

To become an orthopedic surgeon, a person must complete four years of undergraduate study and four more years in medical school. He or she must also finish a five-year orthopedic surgery residency, assuming increasing responsibility for patient care and participating in trauma management throughout the program.

Originally from New York City, Alan W. Sherman, M.D., completed medical school at Boston University School of Medicine in Boston, Mass., and his general surgery internship at Upstate Medical Center in Syracuse, N.Y. Dr. Sherman then completed a one-year general surgery residency at University Hospital in Boston and his orthopedic residency at Lahey Clinic with rotations at Boston City Hospital, University Hospital and Shriners' Hospital for Crippled Children. Dr. Sherman joined the medical staff of SVRMC in October. He's accepting new patients.

HEALTHWISE QUIZ

How much do you know about **exercise**?

Take this quiz to find out.

1 To lose one pound, you need to burn how many calories?

- a. 500
- b. 1,500
- c. 2,500
- d. 3,500

2 A good way to measure the intensity of an exercise is to keep track of your:

- a. heart rate
- b. blood pressure
- c. sweat levels
- d. thirst intensity

3 Exercise can:

- a. reduce depression
- b. help manage type 2 diabetes
- c. boost good HDL cholesterol
- d. all of the above

4 The *minimum* amount of time you should be active every day is:

- a. 15 minutes
- b. 20 minutes
- c. 30 minutes
- d. there is no minimum

5 Which of the following exercises will *not* help you build stronger bones?

- a. running
- b. swimming
- c. lifting weights
- d. dancing

ANSWERS: 1. (d) 2. (a) 3. (d) 4. (c) 5. (b)

The kidney-heart connection

If you think kidney disease only affects your kidneys, think again. Though researchers can't fully explain the link, kidney disease is an independent risk factor for heart disease and greatly increases the risk of dying from heart problems. In fact, heart disease is the most common cause of death for the more than 20 million Americans with chronic kidney disease.

WHO GETS KIDNEY DISEASE?

Kidney disease is often called a "silent killer" because many people don't even know they have it until it reaches an advanced stage. Risk factors include being obese; smoking; and having high blood pressure, diabetes or a family history of kidney disease. Ask your physician about testing if you're at risk. If he or she suspects you may have chronic kidney disease, blood and urine samples can diagnose it.

KEEP YOUR KIDNEYS HEALTHY

If you already have kidney disease, early treatment can help keep it from getting worse. But the best method of attack is to prevent the problem in the first place. Take these steps to minimize your risk:

- **Maintain a healthy weight.** Eat healthful foods and be active every day.
- **Quit smoking.** Besides the damage it can do to your heart, smoking can interfere with medicine for high blood pressure.
- **Get your blood pressure level to 120/80 mm Hg or lower.**

Start by slashing salt from your diet and getting more potassium (found in bananas, apricots and broccoli). If changing your diet doesn't help, discuss medications with your physician.

- **Control your blood sugar if you have diabetes.** Dietary changes and medication may be needed.



'Brake' for breakfast



You wouldn't take off for a road trip with no fuel in your car, so it doesn't make much sense to send your body out for the day with nothing to run on. Your tank needs breakfast.

Studies have shown that those who eat this most important meal of the day are less tired and irritable, have better concentration and are more likely to maintain a healthy weight. Not a bacon-and-eggs person? No problem. Try these

out-of-the-cereal-box suggestions from the American Dietetic Association:

- one cup of vanilla low-fat yogurt topped with whole-grain cereal and berries
- leftover veggie pizza with a piece of fruit and a glass of milk
- whole-grain toast topped with a little peanut butter and apple slices
- whole-grain waffles or pancakes topped with fresh banana
- a super-fast smoothie, made from frozen fruit and yogurt, whipped up in a blender
- a breakfast wrap (try low-sodium deli turkey, low-fat cheese and spinach in a tortilla)
- oatmeal sprinkled with cinnamon and walnuts

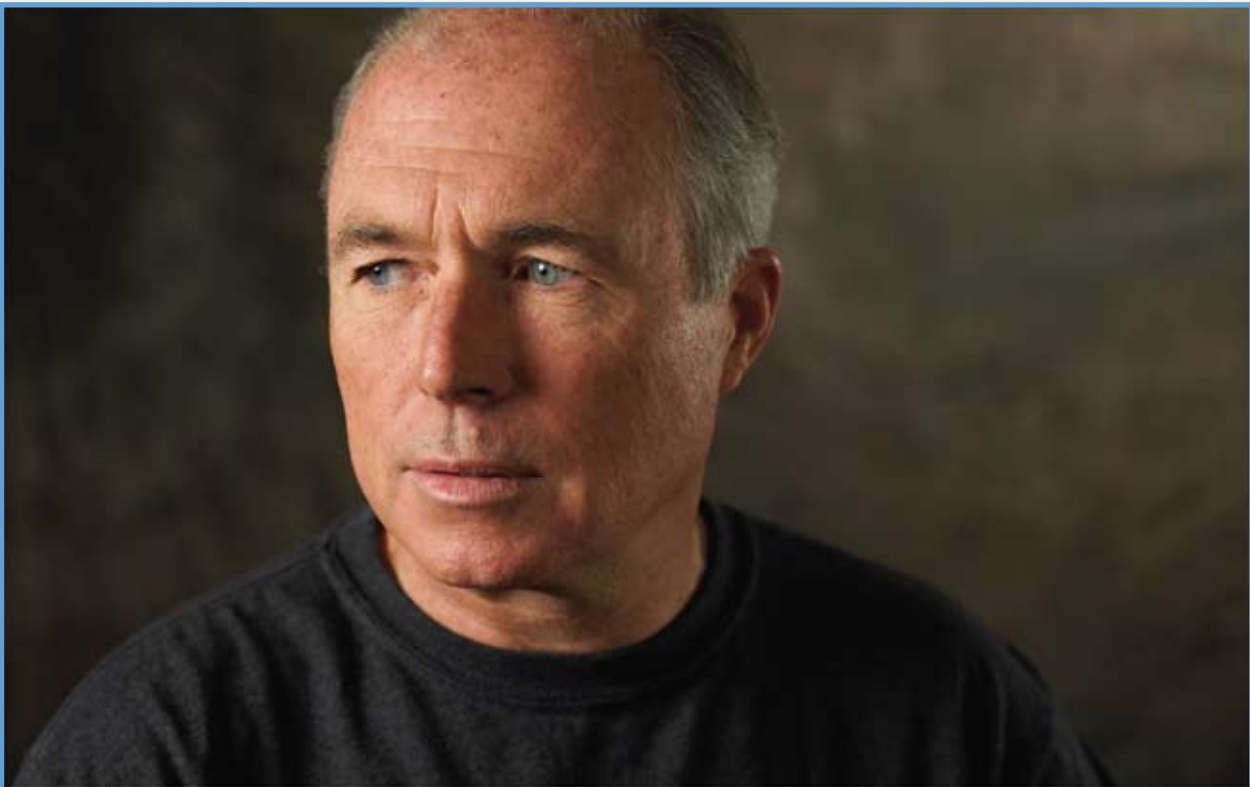
Ready, aim, vaccinate!

Vaccines aren't just for babies. If your child hasn't been to the pediatrician in a while, he or she may have missed some important shots. And don't forget that adults need vaccines, too! Talk

with your pediatrician about your child's specific needs and whether he or she is at high risk. And ask your own physician about *your* needs. Use this handy chart as your guide.

IMMUNIZATION	BIRTH TO AGE 6	AGES 7-18	AGES 19+
Diphtheria, tetanus, pertussis (DTap, Td/Tdap)	4 doses by 18 months; final dose at age 6	Kids need a booster at ages 11-12. For teens, ask your pediatrician if your child is up to date.	Get a Td booster every 10 years. If you're under age 65 and haven't been vaccinated with Tdap before, you need a single dose.
Haemophilus influenzae type b	4 doses by age 15 months		
Hepatitis A	2 doses between 12 and 23 months	High-risk kids and adults need a vaccination.	
Hepatitis B	3 doses within first 18 months of life	Ask your pediatrician if your child is up to date.	High-risk adults should be immunized.
Human papillomavirus (HPV)		3 doses are recommended for girls ages 11-12, or later if a young woman isn't up to date. Ask your physician about the pros and cons of vaccination.	
Inactivated polio virus	3 doses by 18 months	Ask your pediatrician if your child is up to date.	
Influenza	Yearly, for kids ages 6 months to 19 years		Anyone <i>can</i> get vaccinated; high-risk adults and those over age 50 <i>should</i> be.
Measles, mumps, rubella (MMR)	1 dose at 12-15 months; another at ages 4-6	Ask your pediatrician if your child is up to date.	If you haven't had this vaccine, you need it. High-risk adults need a second dose. If you were born before 1957, you're considered immune to measles and mumps.
Meningococcal (meningitis)	Ask your pediatrician if your child is high risk.	It's recommended for kids ages 11-12; otherwise, ask your pediatrician if your child is at high risk.	It's a must for high-risk groups.
Pneumococcal (pneumonia)	4 doses of pneumococcal conjugate by 15 months	High-risk kids and adults need the pneumococcal polysaccharide vaccine. Adults should get vaccinated at age 65; some older adults may need a booster.	
Rotavirus	3 doses by 6 months		
Varicella (chicken pox)	1 dose at 12-15 months; another at ages 4-6	Ask your pediatrician if your child is up to date.	If you aren't up to date and never had the chicken pox, speak with your physician.
Zoster (shingles)			Get it once, at age 60 or older.

Source: Centers for Disease Control and Prevention



When a high fever
could be the flu,
we know what to do.

Flu Season is here. If you are experiencing flu-like symptoms including: headache, chills, muscle aches, fever, fatigue, stuffy nose or sore throat, visit Southern Virginia Regional Medical Center right away.

The ER specialists at Southern Virginia Regional Medical Center know how to handle emergencies, even if they turn out to be nothing serious. Don't take chances with your health. If your body says something's wrong, let us make the call.



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