

# about your health

GOOD NEIGHBORS. GOOD HEALTH.

WINTER 2007

## FLU FACTS:

### Spot the Signs and Beat the Bug!

**T**he flu can knock you off your feet. But knowing how to pamper yourself can help you feel better faster.

#### *Flu Symptoms*

If the following symptoms don't clear up within two weeks or worsen, call your doctor.

- A fever between 102 and 104 degrees Fahrenheit that lasts three days
- Muscle aches and pains
- Extreme fatigue
- Headache
- Chest discomfort

Other symptoms include a cough, stuffy nose, sore throat and sneezing. Children may experience nausea and vomiting.

#### *Comfort Measures*

The best thing you can do when you have the flu is take good care of yourself:

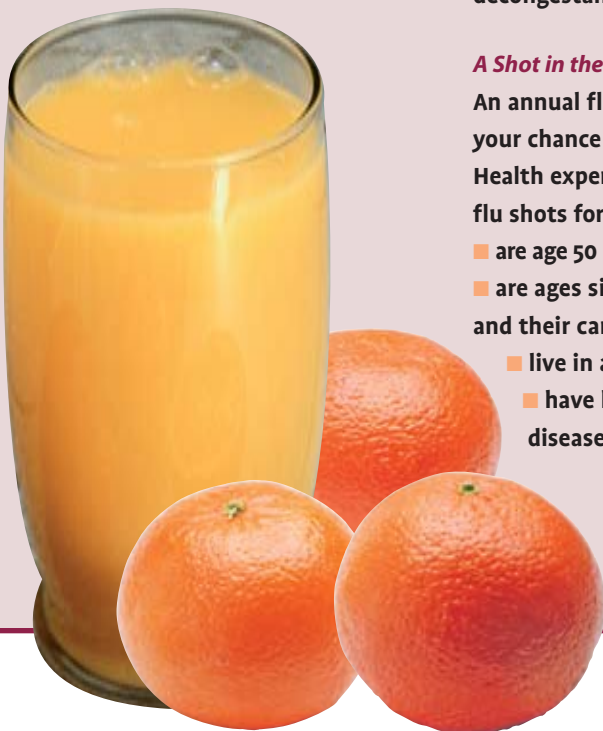
- Eat well and drink lots of fluids, such as water, soup and caffeine-free beverages.
- Get plenty of rest.
- Consider over-the-counter medications, such as nasal decongestants or antihistamines.

#### *A Shot in the Arm*

An annual flu shot can greatly lower your chance of getting the flu.

Health experts recommend yearly flu shots for those who:

- are age 50 or older
- are ages six months to five years, and their caregivers
- live in a long-term care facility
- have heart disease, lung disease or diabetes. ■



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## Having Surgery? It's a Good Reason to **Stop Smoking**



One of the best things smokers can do to prepare for surgery is to quit puffing. Why? Stopping smoking prior to surgery may:

- help prevent lung problems such as pneumonia during and after the procedure
- reduce the risk for infections after surgery
- help surgery-related wounds heal better, especially hernia repair
- improve the success rate of some procedures, including bypass surgery and angioplasty.

If you're ready to quit, ask your doctor for help. To boost your chances of success, your doctor may suggest nicotine replacement therapy. Nicotine gum, patches and lozenges are available over the counter. Other options, such as the medicine bupropion and the nicotine nasal spray and inhaler, are available by prescription.

# Surgical Center Offers Comprehensive Services

**D**urham Regional Hospital provides comprehensive surgical services in an inpatient and outpatient setting. Outpatient cases are performed in both the hospital and the freestanding James E. Davis Ambulatory Surgical Center (DASC).

DASC, located at 120 E. Carver Street in Durham, is a 29,000-square-foot facility featuring eight state-of-the-art operating rooms. The center, which celebrated its 20th anniversary in October 2005, performed more than 7,600 surgical cases last year. Surgical services include:

- endoscopy
- ophthalmology
- oral surgery
- otolaryngology
- urology
- GYN surgery
- general surgery
- lithotripsy
- pain management
- orthopaedics
- plastic surgery
- podiatry

The North Carolina Nurses Association (NCNA) Professional Practice Advocacy Coalition awarded DASC the *NCNA Hallmarks of Healthy Workplaces* award. The application process included a tour of the facility and demonstration of the criteria, including support of nursing professional development and integration of nursing into operations and governance.

DASC's hours of operation are Monday through Friday from 6:30 am to 5 pm. In addition, DASC operates the Recovery Care Center (RCC), which functions as an extended-stay recovery area for surgery patients who need to be observed overnight. The RCC is open 24 hours on Tuesday, Wednesday and Thursday, and patients are discharged by 7:30 am the following day. ■

**For more information about DASC, visit [www.durhamregional.org](http://www.durhamregional.org).**



# Relief for Incontinence

**E**mbarrassment causes many women to keep quiet about urinary leakage. But their silence may only be stopping them from addressing this common condition.

## *In the Know*

Are the following statements about incontinence true or false?

1. Incontinence is usually caused by childbirth.

**True**                      **False**

2. All women are equally likely to develop incontinence.

**True**                      **False**

3. Surgery is the only treatment for incontinence.

**True**                      **False**

4. There is nothing a woman can do to prevent incontinence.

**True**                      **False**

## *The Truth About Incontinence*

1. **False.** Childbirth can weaken pelvic muscles, which contributes to stress incontinence. Women who have stress incontinence involuntarily lose urine during physical exertion, such as when exercising.

However, childbirth is only one cause of pelvic muscle weakness. Stress incontinence also develops or worsens after menopause, when estrogen levels are low. The hormone estrogen helps keep pelvic muscles toned.

In addition, another type of urinary leakage, called urge incontinence, is not related to weak pelvic muscles at all. In fact, it is the result of bladder muscles that are too active. Urge incontinence might be caused by nerve damage or an injury. It sometimes accompanies serious health problems, such as bladder cancer, diabetes and multiple sclerosis. Women who have urge incontinence get sudden urges to urinate. This can happen when they hear running water or even while sleeping.

2. **False.** Some women run a higher risk than others. Stress incontinence affects three times as many Caucasian women as African-American women. It also is more likely to develop in overweight women.

## *did you know?*

Some women experience mixed incontinence, which is a combination of stress and urge incontinence.



Urge incontinence is more common in women who are African-American, older, suffer from diabetes or who have had frequent urinary tract infections. Both types of incontinence occur more often in women who have had hysterectomies.

3. **False.** It's really a matter of finding what works best for each individual. Many women get significant relief from behavioral methods:

- Techniques such as urinating on a set schedule
- Pelvic muscle exercises, which involve tightening and relaxing pelvic muscles for 10 seconds at a time, 30 to 80 times a day
- Weight reduction, if necessary

A woman's doctor may suggest other therapies, including medication or supportive devices such as a pessary, a vaginal suppository. Also, surgery is a good option for some patients and usually can be performed with minimally invasive techniques.

4. **False.** Some research shows that pelvic floor exercises, described above, may prevent stress incontinence. A woman can perform these exercises on her own or she can be instructed on proper technique by a specialist in pelvic floor muscle rehabilitation. ■

Suffering from urinary incontinence? Durham Regional can help. Call 919-403-4DRH (4374).



## Q&A

### *What is peripheral arterial disease?*

Leg pain is an everyday problem for tens of thousands of Americans. This pain is often a result of peripheral arterial disease (PAD), also known as peripheral vascular disease (PVD), a circulatory condition caused by a blockage of the blood vessels in the legs.



### *What are the symptoms of PAD?*

The most common symptoms of PAD include:

- aching, tiredness or cramping in the legs during walking or exercising, which disappears after a few minutes of rest
- numbness and tingling in the lower legs and feet
- coldness in the lower legs and feet
- ulcers or sores on the legs or feet that will not heal.

### *Why is it important to find out if I have PAD?*

The early detection of PAD or other vascular diseases can prevent or lessen the risk of developing other health problems. Once you know if you have PAD, you can talk with your doctor about the best treatment for you.

### *What if I have PAD?*

There are several treatment options available. Your physician may advise you to change your diet, stop smoking and try an exercise program. If your PAD is more progressed, he or she may recommend medical treatment such as angioplasty (opening the narrowed vessel with a balloon), stenting (placing a tube in the artery to keep it open), thrombolysis (breaking up and removing blood clots) and surgical intervention.

**James P. Weaver, MD, Regional Vascular Associates, is a member of Durham Regional Hospital's medical staff and specializes in thoracic and vascular surgery.**

To find a physician, visit [www.durhamregional.org](http://www.durhamregional.org).

# upcoming events

## Ladies Night Out

Tuesdays, December 12, January 9,  
February 13, 7 pm

This free seminar series helps women stay on top of important health issues. Hosted by area experts on health. Located in the first level classroom at Durham Regional Hospital. Seminar topics are listed in the events section of [www.durhamregional.org](http://www.durhamregional.org). To register, call **919-403-4DRH (4374)**.

## Shake, Rattle and Roll

February 27, March 27,  
April 24, 7 pm

This free seminar series is for potential parents or those looking for a little refresher. Seminars focus on a variety of parenting issues including conception, preparing for a baby and the developmental growth and care of your little ones. Seminar topics are listed in the events section of [www.durhamregional.org](http://www.durhamregional.org). To register, call **919-403-4DRH (4374)**.

## The Birth Place Tour

Tuesdays, 7 pm

To help prepare for the safe delivery of your baby, Durham Regional Hospital provides tours of its Labor and Delivery Unit, Postpartum Unit and Nursery. To register, call **919-416-DUKE (3853)**.

## Look Good...Feel Better

Mondays, February 19, March 19,  
April 23, 7 pm

This free American Cancer Society program teaches women beauty techniques while they undergo chemotherapy and radiation treatments. Participants receive a **free** cosmetics kit and instruction by beauty professionals. Located in the Radiation Oncology Conference Room at Durham Regional Hospital. Space is limited. To register, call **919-470-6520**.

## SUPPORT GROUPS

### Duke Weight Loss Surgery Support Group

Meets once a month. Call **919-660-2229** for dates and to register.

### Stroke Survivor Support Group

Meets the second Monday of the month from 1 to 2 pm in Private Dining Room E at Durham Regional Hospital. Contact Myra Williams at **919-660-0096** or **919-470-7205**.

Better health is just a click away!

Get a free monthly health

briefing via email. Visit

[www.durhamregional.org](http://www.durhamregional.org)

to sign up.



# Rare, Specialized Procedure Available at Durham Regional

BY CAROL CLAYTON

**F**ewer than a dozen centers worldwide offer the free vascularized fibular graft (FVFG) procedure. FVFG was developed by James Urbaniak, MD, professor of Orthopaedic Surgery at Duke University Medical Center. Dr. Urbaniak, who has operated on more than 2,500 patients worldwide, is now performing all of these procedures at Durham Regional and Davis Ambulatory Surgical Center.

FVFG treats a disorder known as avascular necrosis (AVN). This occurs when there is a lack of adequate blood flow to the ball joint attaching the leg to the hip. Without a supply of blood, the bone dies, resulting in the collapse of the hip joint. With FVFG, a

portion of the lower leg bone and all the accompanying blood vessels are used to recreate a new and living hip joint. The procedure removes the dead tissue, relieves the compression on the blood vessels in the bone and provides new support for the joint. New blood vessels keep the joint alive and stimulate new bone growth.

The procedure is intended for younger patients—the average patient age is 33 and the youngest patient to date was nine. The procedure is not recommended for people 50 years or older. All surgeons who perform FVFG were trained by Dr. Urbaniak, who has also designed and refined a line of surgical tools and instruments specifically for this operation. ■



## *did you* **know?**

**The success rate for FVFG is more than 80 percent, and the operation is completed in about three hours.**



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DUKE UNIVERSITY HEALTH SYSTEM

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