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# The facts about fibroids

**Y**ou're constantly running to the restroom, your back hurts and your periods are particularly painful. What's going on? You might be dealing with uterine fibroids, noncancerous tumors that grow out of uterine tissue.

Physicians aren't sure why some women develop fibroids, but if you're overweight or African-American or an immediate family member has fibroids, you're at increased risk.

## WHAT DO FIBROIDS FEEL LIKE?

In most cases, you won't even know that you have fibroids. But consult your physician if you experience any of these signs:

- heavy or painful periods
- bleeding between periods
- constant pelvic pain
- a feeling of fullness in the lower abdomen
- an increased need to urinate
- pain during sex
- lower back pain
- reproductive problems, including infertility, multiple miscarriages or preterm labor

## WHAT'S NEXT?

Your physician will do a pelvic exam to see whether your uterus is enlarged or misshapen. If he or she spots abnormalities, an imaging exam, such as an ultrasound, can confirm the diagnosis.

Treatment depends on your symptoms' severity, the



fibroids' size and location, your age and whether you want children:

- If you don't have symptoms, treatment is usually unnecessary.
- If you're approaching menopause, you may be advised to do nothing, as fibroids tend to stop growing or even shrink when hormone levels drop.
- If you have occasional discomfort, try an over-the-counter pain reliever, such as ibuprofen or acetaminophen.
- If you're bleeding heavily, your physician may recommend hormonal treatments to lighten your flow or an iron supplement to prevent anemia.
- If your fibroids are large, your physician may suggest hormones to temporarily stop menstruation and shrink the growths. These hormones are sometimes prescribed before surgery to make it easier to remove the fibroids.
- If your fibroids are growing quickly or causing excessive blood loss, your physician may present several surgical options. Myomectomy (removing the fibroids while leaving the uterus intact) is the best option for women who wish to have children. Myolysis (freezing or using an electric current to destroy growths) and hysterectomy (removing the uterus) are other possible treatments.

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**W**e need your input! We'd like to know what you think about our publication so we can better serve your needs. Please take a few minutes to complete our online survey. Your responses will be used to improve our services to the community and to enhance our publication.

Filling out the online survey is easy: Simply go to [www.healthconnectionmag.com](http://www.healthconnectionmag.com) and complete the survey.

By completing our survey, you'll be automatically entered in a random drawing to win one of five gift cards.

All surveys must be completed online by June 1, 2009, to be eligible to win. One entry per person, please. Thank you for your time and assistance.

All responses will be kept strictly confidential. We do not sell, rent or give away your e-mail address.

# Gut check

## Could it be appendicitis?

**W**hat's tiny and useless but can cause a whole lot of pain if it's unhappy? Your appendix, a finger-shaped pouch attached to your lower intestine. And if your appendix ever becomes inflamed and fills with pus, you'll have a raging case of appendicitis, a potentially life-threatening illness.

### WHO'S AT RISK?

Though anyone can get appendicitis, it often strikes between ages 10 and 30. It usually happens when the appendix is blocked by fecal matter or a swollen lymph node following a digestive tract infection. A small number of people are diagnosed following traumatic abdominal injury, while others are genetically predisposed. In all, about 280,000 appendectomies are performed each year in the United States, according to the National Center for Health Statistics.

### NOT JUST A BELLYACHE

A hundred different ailments can cause stomach pain, but your appendix might be the culprit if you have:

- pain that starts around the belly button and moves to the lower right of the abdomen and gets worse when you move, take deep breaths, sneeze or cough
- abdominal swelling
- loss of appetite
- nausea and vomiting
- constipation or diarrhea
- an inability to pass gas
- a low-grade fever

### TIME TO TAKE IT OUT?

This isn't a wait-and-see kind of problem. Removal is the only effective treatment for appendicitis, so if you're having symptoms, head to the emergency room, stat. Once there, a physician will check for pain location and ten-



derness, run a blood test for infection and send you for a computed tomography (CT) scan to confirm the diagnosis. He or she will also look to rule out other possibilities for your symptoms, including ectopic pregnancy, ovarian cysts, kidney stones and Crohn's disease. If you *do* have appendicitis, your appendix will be surgically removed before it can rupture. It may be done laparoscopically (the surgeon makes a few small incisions in your abdomen) or with traditional open surgery (the surgeon makes one large incision). Since experts have been unable to pinpoint the appendix's function, it's unlikely that you'll suffer any long-term effects.

Delay treatment and your appendix will likely rupture. If that happens, chances are good that you'll develop an infection of the abdominal cavity called peritonitis and then pain will take over and your entire abdomen will swell. Fever, thirst and low urine output will likely follow. This infection can cause organ failure, infertility and even death if not adequately contained with an abdominal cavity cleaning and intravenous (IV) antibiotics.

### Where does it hurt?

**A**fter migrating from your navel, pain from appendicitis nearly always settles at a place on your abdomen called **McBurney's Point**, named after the 19th century surgeon Charles McBurney, an authority on appendicitis. **Find it by drawing an imaginary line from your belly button to your right hip bone; you'll feel tenderness about halfway between the two points.**



Kevin Clement  
Chief Executive Officer

## Dear friends,

It's been my pleasure to serve you these past two years as CEO of Moberly Regional Medical Center (MRMC). By the time you read this, I'll have transitioned into a new position with a hospital in Siloam Springs, Ark. A wonderful career opportunity presented itself, which has allowed me and my family to get closer to home and to assist in building a new hospital facility. We'll definitely miss our many friends in Moberly.

### DEDICATED TO YOUR HEALTH

I'm pleased to announce an exciting new impact movie available for viewing on MRMC's Web site. I encourage you to visit and watch this three-minute

production at [www.moberlyhospital.com](http://www.moberlyhospital.com). It will give you great insight about how we can serve you better. While on the site, you can also sign up for Senior Circle's 10-year anniversary celebration in May or Healthy Woman's fourth anniversary event in June. Check out all of our primary care and specialty physicians right here close to home, and see ongoing progress photos on our new magnetic resonance imaging expansion project.

At MRMC, we always want you to be very satisfied with the care and treatment you receive. We're here to take care of you now and for years to come.

Regards,

KEVIN CLEMENT  
Chief Executive Officer  
Moberly Regional Medical Center

Community Benefit Report 2008	
<b>Providing Quality Care:</b>	
ER Patient Visits	15,353
Inpatient Visits	3,203
Total Outpatient Registrations	91,249
<b>Financial Benefits:</b>	
Payroll (450+ Employees)	\$18,305,247
Capital Investments	\$2,457,073
Property & Sales Taxes	\$3,408,921
<b>Caring for Our Community:</b>	
Charity & Uncompensated Care	\$5,994,135
Donations to the Community	\$75,975
<b>Total Community Investment</b>	<b>\$30,241,351*</b>

\*Dollar amounts are approximate.

## We're committed to making the Moberly area healthier, in more ways than one.

**Expanded Services**

- PACS Imaging Technology
- 7 Day/Week Sleep Studies
- Intellidot – Patient Medication Management Safety System
- Facility Renovations

**Physicians Recruited**

- Dr. Jana Brock, Family Practice
- Dr. Jerry Bruggeman, Pediatrics
- Dr. Ilyas Burney, Pediatrics
- Dr. Adam Clapper, Pathology
- Dr. Belinda Fender, Pathology
- Dr. Hilton Ngo, Pediatrics
- Dr. Melodie Stocks, OB/GYN
- Dr. Shahid Waheed, Hematology/Oncology

Every year, we treat thousands of people from our community. And while patients benefit from our being close by, ultimately it's the whole community that prospers from our presence. Whether it's through the people we employ, the local businesses we use or the charities we support, we're committed to making the Moberly area a better place to live and work — and that's the best benefit of all.

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## RAPID RESPONSE

# er+ attention for chest pain

**W**hen chest discomfort strikes, many people tend to ignore the symptom instead of seeking emergency care. However, when chest pain is caused by a heart attack, a delay could cost a person his or her life.

If you suspect you're having a heart attack, don't let fear, denial or embarrassment prevent you from seeking timely medical attention. Call 911—don't drive yourself to the hospital.

Trust the emergency room (ER) specialists at Moberly Regional Medical Center, a Get With The Guidelines—Coronary Artery Disease improvement hospital, to be there for you.

### IN THE ER

ER staff will try to determine the cause of your chest pain. Your blood pressure, pulse and temperature will be checked immediately. To rule out a heart attack, the staff may perform some of these tests:

- **Electrocardiography (ECG).** Electrodes are attached to your skin, recording the heart's electrical activity. An ECG can indicate whether a heart attack is in progress or whether one has already occurred.
- **Blood tests.** When portions of the heart muscle are damaged, they release specific enzymes into the bloodstream, such as creatine kinase.
- **Chest X-rays.** A chest X-ray shows the heart's size and shape and whether fluid has accumulated in the lungs.
- **Echocardiography.** Ultrasound waves are sent into your body, and then the machine receives the waves as they bounce back, or echo, from the heart's surface.
- **Nuclear scan.** Trace amounts of a radioactive dye, such as thallium, are injected into your bloodstream. A special camera that detects the dye then traces blood flow.
- **Cardiac catheterization.**

A short catheter called a sheath is inserted into an artery, usually in the upper thigh. A longer catheter



is then threaded through the sheath and guided toward the heart. An X-ray dye is injected through the catheter, allowing the heart to be viewed on a video screen. Physicians can find out how well the heart's pumping chambers are working, check for blockages and look for other signs of heart disease.

If our ER+ team finds that you're having a heart attack, clot-busting drugs, angioplasty or surgery may be the next step. But remember: To receive potentially lifesaving treatment for heart attack, you must seek prompt medical help.



**Visit us online!**

Visit our Web site at  
[www.moberlyhospital.com](http://www.moberlyhospital.com)

to learn more about ER+.

## HEALTHWISE QUIZ

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

Take this quiz to find out.

**1** Approximately how many people suffer from allergies?

- a. 50 million
- b. 35 million
- c. 27 million
- d. 18 million

**2** You're more likely to develop allergies if you:

- a. eat shellfish
- b. have a family member who has allergies
- c. had pets as a child
- d. regularly garden

**3** Which does *not* aggravate allergies?

- a. cigarette smoke
- b. cockroach droppings
- c. pet saliva
- d. they all can trigger allergies

**4** Where does pollen first appear in the spring?

- a. weeds
- b. trees
- c. grass
- d. mold

**5** What reduces pollen allergies in the spring?

- a. not drying laundry outside on a clothesline
- b. removing your shoes before coming indoors
- c. not going outside before 10 a.m.
- d. all of the above

ANSWERS: 1. A; 2. B; 3. D; 4. B; 5. D

# Get your blood pressure under control

**H**igh blood pressure truly is sinister: You can have it but not know it until you suffer a heart attack, stroke or another serious health complication.

Hence, its nickname: the silent killer. Seeing your physician regularly is the best way to determine whether you have high blood pressure—or hypertension. He or she will measure the force of blood in your arteries by looking at your systolic (the higher number) and diastolic (lower number) pressure. Elevated levels (140/90 mm Hg or more) indicate hypertension,



while numbers ranging from 120/80 to 139/89 point to prehypertension, a condition that puts you at risk for high blood pressure in the future. Normal blood pressure is under 120/80. Although hypertension has no cure, you can take steps to control it and protect your health:

- **Eat a healthy diet.**

High-fat and sugary foods contribute to high blood pressure,

so reach for foods from the DASH (Dietary Approaches to Stop Hypertension) diet. They include whole grains, fish and poultry, nuts, fruits and vegetables and low-fat and low-sodium foods.

- **Get moving.** Aim for 30 minutes of cardiovascular activity most days of the week. If you're short on time, break up your workout into three 10-minute segments over the course of the day. Take a walk around the block, dance to your favorite CD or work out to an exercise DVD.

- **Take your meds.** Sometimes medication is the only way to lower your blood pressure. Because hypertension drugs work only when they're regularly in your system, you should never miss a dose or stop taking them.



### HOW DOES WATER GET CONTAMINATED?

When it comes to swimming pools, water parks and play fountains, most disease comes from fecal matter on the bodies of sick splashers. If chlorine and pH levels aren't carefully calibrated, other swimmers could swallow live bacteria. In hot tubs, naturally occurring germs can cause rashes and respiratory problems, ranging from the common cold to pneumonia. Large bodies of water—from rivers to the ocean—can be contaminated by sewage, animal waste, swimmers' feces and even parasites.

### HOW CAN I AVOID CONTRACTING RWI?

Take these precautions to stay healthy when you swim, dive or just splash around:

- Avoid pools with murky or chemical-smelling water (properly chlorinated pools don't have an odor).
- Don't share towels, kickboards or toys.
- Keep water out of your mouth and never swallow it.
- Stay on dry land if you have open sores.
- Skip bodies of freshwater on very hot days, since bacteria flourish in warm water.
- Plug your nose when swimming in freshwater to keep parasites out.
- Shower before and after swimming and wash your hands after using the toilet or changing diapers.
- Take children on frequent bathroom breaks and change diapers in the bathroom, not poolside.

# Warding off water illness

**A**s the weather warms up, we all look forward to swimming laps in the pool; splashing in the ocean, stream or river; or lounging in a hot tub. But those waters may mask something ominous: Contaminated water can lead to recreational water illness (RWI). Touching or swallowing water in pools, lakes, spas, rivers and oceans can lead to gastrointestinal, outer ear, eye, skin, respiratory and neurologic infections—and children, pregnant women and people with compromised immune systems are at greatest risk.

## Be a fruit-and-veggie role model

**W**hether you're driving the car or stepping into high heels, your little ones want to be just like you. So why not use your power for good? Follow these tips, and the eating habits your children copy will positively influence their health—and yours—for years to come:

- 1 Restock the pantry.** Keep healthy snacks around. Say goodbye to cookies loaded with high-fructose corn syrup and bright orange cheese puffs and hello to baked veggie chips and sugar-free applesauce.
- 2 Drink right.** Switch out your super-acidic, high-sugar soda for water and 100 percent juice—little teeth and waistlines will thank you.
- 3 Start the day right.** No time to sit down to breakfast? Send your kids off with a banana and a baggie filled with dry whole-grain cereal. Studies show that breakfast eaters boast improved math grades, less incidence of hyperactivity and better school attendance. And teen-

agers who eat first thing tend to weigh less, exercise more and generally have a healthier diet than their breakfast-skipping pals.

- 4 Turn off the tube.** People who eat in front of the television are more likely to eat unhealthy foods.
- 5 Eat together.** Children who dine with their parents tend to consume more fruits and veggies and fewer unhealthy snacks.
- 6 Pack a lunch for everyone.** You'll save cash while making sure the whole family is eating well. Be sure to include a lean protein, low-fat dairy, grains, a vegetable and a piece of fruit (try sliced turkey and low-fat cheese on whole-wheat bread with carrot sticks and an apple).



*Health Connection* is published as a community service of Moberly Regional Medical Center. There is no fee to subscribe.

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70MRM



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