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March 2011

HEALTH *Talk*

KEEPING OUR NEIGHBORS INFORMED

Changes in plastic surgery: Changes in you!

The word *plastic* comes from the Greek *plastikos*, meaning “able to be shaped or molded”. Although nasal surgery was mentioned in Egyptian Hieroglyphics, the earliest known writing on the subject, known as the Samhita, was written by an Indian Susruta in about 600 B.C. Reconstructive plastic surgery blossomed in the late 1800s, resulting in numerous advances and treatment options for stricken or disfigured patients. It wasn’t until the mid-1930s that cosmetic surgery became established and was commonly practiced.

Today, both women and men, seek cosmetic surgery for a chance to look as youthful as they feel. Many others consider cosmetic surgery to change or improve on a body feature that has bothered them for some reason. And now, thanks to the arrival of Jeffrey Pitcher, MD, Cosmetic and Reconstructive Surgeon, Trinity Health provides a full range of cosmetic and reconstructive procedures to fit the needs of patients in the area. The following is a synopsis of some of the services Dr. Pitcher provides.

Laser therapy

For those seeking a renewed look without invasive surgery look no further than a facial rejuvenation with a Carbon Dioxide (CO2) laser.

According to Dr. Pitcher, with this particular laser, the process itself is a



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“Although not a permanent solution like a facelift operation, the laser therapy reduces mild to moderate wrinkles on both the face and neck, producing long lasting effects,” he explained.

Dr. Pitcher said the laser can also remove discoloration of the skin giving the patient a refreshed, rejuvenated look with limited downtime. Patients have reddened skin for about a week, which used to be much longer with earlier laser technologies.

“The procedure is now faster without having the usual risks of an operation,” he added.

Another laser treatment Dr. Pitcher offers uses an Intense Pulsed Light (IPL) Duet laser. With this advanced technology,

Dr. Pitcher is able to remove small leg veins, smooth small colored scars, remove facial hair and more.

“These outpatient procedures last from 25-45 minutes and are much less painful than they use to be,” he explained.

appearance of a protruding abdomen.

For a tummy tuck, most commonly, an incision is made in the lower abdomen above the pubic area, with a second incision following to free the navel from surrounding tissue. The surgeon will then separate the skin from the abdominal wall up to the ribs, lifting a large skin flap to reveal the vertical muscles in the abdomen. Eventually the muscles will be tightened by pulling

Dr. Pitcher said that patients may experience temporary pain, bruising, swelling, or soreness. Numbness in the abdominal skin may last for several weeks; however, the advantages of the surgery typically outweigh these concerns as the procedure can produce excellent long-term results.

“If a patient follows post-operative instructions, including maintaining a healthy diet and exercising regularly, results can be long-lasting,” he explained.

Another common procedure, liposuction, is the removal of stubborn fat deposits from the body that are resistant to diet and exercise. These fat deposits are removed by using a tube and vacuum device.

Liposuction can be performed either using the tumescent technique or through ultrasound-



Lumenis Before



Lumenis After

Healthy U—Beautiful You, Inside and Out!
March 3 • 7 pm • Health Center – Riverside
See Calendar on page 8 for more information.

Body procedures: Tummy tucks & Liposuction

“Abdominoplasty,” or a tummy tuck, is a surgical procedure designed to flatten the abdomen by removing excess skin and fat and tightening the muscles of the abdominal wall. Tummy tucks can dramatically reduce the

them close together and stitching them into their new position.

“Some patients qualify for a ‘minimum’ tummy tuck (or ‘mini’ tummy tuck), if most of their fat tissue is carried below their navel. This is considered a less complex procedure,” Dr. Pitcher added.

assisted lipoplasty (UAL). Some of these specific techniques are also commonly referred to as “Liposculpture”. Dr. Pitcher offers both techniques, and chooses the most beneficial according to the individual patients.

continued on page 2

INSIDE

2



New Providers Join Trinity Health

Treat Yourself To A Good Nights Sleep



3



4

The Truth About Eating Disorders

Working Out With The Pros



5



6

Help Your Kids Eat Right With Color

Outpatient Cardio Rehab



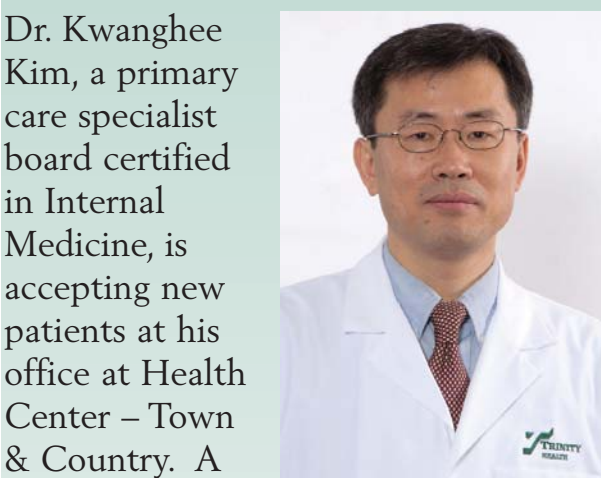
7



New Trinity Health Leadership

8

New Internist Joins Trinity Medical Group



Kwanghee Kim, MD

Dr. Kwanghee Kim, a primary care specialist board certified in Internal Medicine, is accepting new patients at his office at Health Center – Town & Country. A graduate of Korea University College of Medicine in Seoul, he earned both his Ph.D. and M.D. degrees, remaining there to fulfill his internship and residency. He served three years as a captain and military physician in the Korean Army. He emigrated to the U.S. and completed internship and residency training at Jacobi Medical Center’s Department of Medicine, Bronx, NY. Dr. Kim has published numerous articles. His honors include Outstanding Resident of the Year from Korea University and Outstanding Achievement in

the Teaching of Medical Students from Albert Einstein College of Medicine in New York. He is a member of the American College of Physicians and the American Medical Association.

Internal Medicine Services:

- Diagnosis and treatment of adult illnesses
- Physical check-ups
- Acute and chronic health conditions
- Preventive medicine

Appointments and Consultations:

Call 701-857-3255 or 1-800-598-1205

Office Location:

Health Center – Town & Country, Suite 102, 831 South Broadway, Minot, ND 58701

New Provider Joins Behavioral Health Team

Sheryl Dickman, FNP-C, has joined Trinity’s Behavioral Health team as a family nurse practitioner. The Surrey native

earned her bachelor’s degree in Nursing from Minot State University and completed a Master of Science in Nursing/Family Nurse Practitioner at the University of Mary, Bismarck. She also holds a master’s in Business Administration and Management from MSU. Sheryl’s experience includes medical and mental health nursing with Trinity Hospitals and in assisted living and clinic settings. She also has served as a medical services officer with the U.S. Army Reserve. Sheryl



Sheryl Dickman, FNP-C

is certified in trauma nursing, advanced cardiac life support and aggressive behavior intervention.

Trinity’s Behavioral Health Services:

- Comprehensive inpatient and outpatient care for adults, children and adolescents
- Addiction services
- Geriatric and child psychiatry
- Partial hospitalization for children and adolescents

Appointments and Consultations:

Call 701-857-5998 or 1-800-707-1546

Office Location:

Health Center – Riverside, 1900 8th Ave. SE, Minot, ND 58701

Plastic surgery *continued from page 1*

Common locations for liposuction include the chin, cheeks, neck, upper arms, above breasts, abdomen, buttocks, hips, thighs, knees, calves, and ankles.

“Both a tummy tuck and liposuction allow people to get ready for summer, or for a new chapter in their lives, by getting their shape back to where they’re happier,” Dr. Pitcher said.

Breast procedures: Augmentation, Breast Lifts and Breast Reconstruction post-surgery

Breast augmentation remains one of the most popular choices in Cosmetic Surgery. Since 2006 the FDA has approved both saline and silicone gel breast implants for cosmetic procedures.

Augmentation provides women the opportunity to recapture a more youthful appearance which may have been lost due to breast feeding, weight loss, aging, or better proportioned to appearance. Silicone and saline are considered to have an equivalent safety profile and the choice which to use is up to the patient during a consultation visit with their surgeon.

For women that do not desire breast augmentation, enhancement of their appearance through a breast lift also offers an excellent method of reversing the changes

brought on by breast feeding, weight loss or aging. Lifting deflated or drooping breasts without enlarging them often helps women feel revived, confident and more attractive.

Few women can prepare themselves for the assault on self-esteem that occurs after losing



Lumenis Before

one or both breasts due to breast cancer. But breast reconstruction after surgery can go a long way toward improving self-image, studies show.

“We did a lot of breast reconstruction and procedures at the center where I trained,” said Dr. Pitcher. “I’ve developed a passion for helping survivors replace what has been taken away by the disease.”

Breast reconstruction surgery seeks to restore breast appearance for women who have had all or part of their breast(s) removed as a result of breast cancer.

A plastic surgeon strives to rebuild the breast so it is about the same size

and shape as it was before the mastectomy or lumpectomy. The nipple and the darker area surrounding the nipple (areola) can also be surgically reconstructed.

“Reconstruction can happen at the time of the woman’s mastectomy or at a later date,”



Lumenis After

Dr. Pitcher stated. “It used to be that patients would have a mastectomy, let things settle down and then return for breast reconstruction at a later date. Now we can do an immediate reconstruction while the patient is still asleep following their cancer surgery.”

Approaches generally fall into two categories: Autologous, implant-based or a combination of the two.

“With autologous reconstruction we take a section of a woman’s own tissue from her abdomen, back or other area and move it to the chest area. Or we can do an implant-based procedure where we replace the breast tissue

with a saline or silicone implant,” Dr. Pitcher explained.

He noted that while implants fell out of favor a number of years ago, they were re-approved by the FDA in 2006 and have since had an excellent track record.

“We emphasize that a reconstructed breast can never be the same as a natural breast, but our goal is to achieve a result that feels similar to the way it did before and enables a woman to look like she wants to in clothes,” he said.

In addition to breast reconstruction, Dr. Pitcher also offers a full array of breast procedures including breast augmentation, breast lifts and breast reductions.

Fillers & other services

Dr. Pitcher offers other services/procedures which are non-operative, but bring about youthful changes. Such procedures include Botox for fine facial wrinkles. Facial fillers, such as Restylane and Radiesse, provide volume for lips, cheeks, and smooth-out deeper wrinkles on the face. Skin care regimens can help maintain the improvement brought about by cosmetic procedures.

Whether cosmetic surgery is the right choice for you is a question that requires personal examination.

These services are all self-referral, meaning you don’t need to be sent by a physician for a treatment.

“By closely evaluating why you want cosmetic surgery and discussing these wishes with your physician, you will ensure a successful surgical outcome for yourself,” Dr. Pitcher said.

About Dr. Jeffrey Pitcher

A graduate of MCP Hahnemann University School of Medicine in Philadelphia, Dr. Pitcher completed his General Surgery residency at the Indiana University School of Medicine, where he served as chief resident from 2007-2008. His residency in Plastic Surgery was conducted at Washington University School of Medicine in St. Louis, where he also served as chief resident. His clinical interests, in addition to breast surgery, also include body contouring after massive weight loss surgery and nerve repair. He is a candidate member of the American Society of Plastic Surgeons.

Dr. Pitcher’s office is located at Trinity Health – South Ridge, 1500 24th Avenue SW in Minot. His appointment line is 701-857-5662. The clinic’s private entrance is located on the west side of the building.

Treat yourself to a good night’s sleep

Sleep is a basic biological need that is essential to our health, performance, safety and quality of life.

The National Institutes of Health estimate that sleep-related problems affect 50 to 70 million Americans. As a result, loss of sleep has been associated with a wide range of health problems including hypertension, diabetes, obesity, depression, heart attack, stroke and at-risk behaviors.

“Sleep is vitally important for all human functioning, cognitive and physical performance, its restorative powers, learning and memory consolidation, mood enhancement, protects the immune system and new evidence shows a relationship to weight gain and aging,” explained Trinity Medical Group Neurologist Bahram Kordlar, MD, Trinity’s Sleep Lab Medical Director.

According to Dr. Kordlar, undiagnosed or untreated sleep disorders sufferers utilize the healthcare system more frequently.

“Untreated sleep apnea may cause \$3.4 billion in additional medical costs, and people with insomnia use more health care resources than those without insomnia,” Dr. Kordlar said.

Dr. Kordlar said that a person’s sleep is regulated by two body systems:

- **Sleep/Wake Restorative Process:** Balances Sleep & Wakefulness
- **Circadian Biological Clock:** Regulates Timing of Sleep and Wakefulness

In addition, Dr. Kordlar said that a person’s sleep need varies over the life cycle as well as sleep patterns change. For example a newborn 0-2 months needs 14 to 18 hours of sleep in comparison to an adult on average needing seven to nine hours of sleep in 24 hours.

“A newborn is more active in sleep with 50 percent of their time spent in REM (rapid eye movement), so that’s why they need naps; while an adult needs a regular sleep schedule to obtain sufficient, quality sleep,” he explained. “REM sleep in newborns is necessary for brain development.”

Dr. Kordlar further explained that a person’s sleep need is the average



Bahram Kordlar, MD

amount of sleep you must obtain on a daily basis to maintain alertness and avoid building up a sleep debt.

“Sleep debt is each hour of lost sleep added to your sleep debt,” said Dr. Kordlar. “Your sleep debt can only be reduced by getting extra sleep. However, you may not be able to reverse the long-term effects of deprivation.”

According to the National Sleep Foundation those who are chronically sleep-deprived are those who sleep less than seven hours a day. In addition, the National Sleep Foundation cites:

- 37 percent of adults say they are so tired during the day that it interferes with daily activities

- 75 percent of adults experience at least one symptom of a sleep disorder a few nights a week or more
- 55 percent of adults nap at least once during the week

Dr. Kordlar said we aren’t sleeping due to poor sleep habits, circadian factors (shift work), environmental disruptions and untreated sleep problems/disorders.

“People who sleep well may still be troubled by excessive daytime sleepiness resulting from underlying medical illnesses. A sleep disturbance may also be symptom of an underlying medical illness itself or may be an adverse effect of therapy,” he explained. “Also, the stress associated with chronic illness can also cause daytime alertness or sleep problems.”

As getting sleep is important, Dr. Kordlar suggests that everyone should be aware of these six symptoms that may signal inadequate sleep:

- Dozing off while engaged in an activity such as reading, watching TV, sitting in meetings, or while sitting in traffic
- Slow thinking and sluggish reactions
- Problems listening to what is being said or understanding directions
- Making frequent errors and mistakes
- Becoming depressed or getting into a negative mood



- Being impatient or quick to anger

On the other hand, here are tips for a good night's sleep, according to Dr. Kordlar:

- Sleep in a quiet and dark environment and set the thermostat at a slightly cooler temperature
- Don't allow pets in the bed
- No reading, eating or watching TV in bed
- Don't watch the clock
- Set a "wind down" time prior to going to bed
- Don't take over the counter sleep aids, as these can disrupt sleep stages. Instead, try drinking warm decaf tea or milk to increase your body temperature, which helps induce and sustain sleep
- Exercise is good for sleep, but not within two hours of going to sleep

Finally, if you feel that you have sleep problems, Dr. Kordlar said that you may want to discuss them with your doctor.

About Trinity’s Sleep Lab

Trinity's Sleep Lab is located on the 5th floor of Trinity Hospital - St. Joseph’s, and features a small apartment-like bedroom. In another room is an array of electronic devices where technicians monitor patients with video, sound and other instruments in order to study their sleep habits.

The type of sleep issues technicians observe and record are varied. The data they gather is used by physicians to diagnosis sleep-related problems such as sleep apnea, and prescribe appropriate treatments. Jutta Schmidt, a Registered Sleep Technologist, is the Lab’s coordinator.

Patients must have a physician’s referral in order to participate in a sleep study. Most insurance covers sleep testing and treatment if the individual is referred.

For more information about how the Sleep Lab may help you, call 857-2348 or visit www.trinityhealth.org.

Take your sleep quizzzzzzzzz

Are you all caught up on your sleep? Take this quiz to see if you know how much sleep you need and whether you might be at risk for a sleep disorder.

1. If you sleep eight hours a night, you’re getting enough. (True/False)
2. If you snore, you’re getting good, deep REM sleep. (True/False)
3. Women are at higher risk for insomnia while men are at greater risk for sleep apnea. (True/False)
4. Your need for sleep decreases after 50. (True/False)
5. A good rule of thumb to determine how much sleep you need is:
 - a. Your body follows a regimented schedule like clockwork.
 - b. You don’t need coffee in the morning.
 - c. You don’t set an alarm clock; you simply sleep until you wake up.
6. If you have trouble falling or staying asleep, wait it out. Sleep will come when you’re tired. (True/False)
7. If you have unrefreshing sleep, daytime sleepiness or you unintentionally fall asleep during the day, it’s time to check into a sleep center. (True/False)

Answers

1. False. Eight hours does not automatically equal a good night's sleep. "It's highly dependent on the person," says Clete Kushida, M.D., Ph.D., a member of the board of directors for the American Academy of Sleep Medicine. Plus, someone with sleep apnea might sleep eight hours but wake up 100 times-resulting in sleepiness the next day.

2. False. Snoring can be a sign of sleep apnea, a sleep-related breathing disorder that causes your body to momentarily stop breathing.

3. True. Insomnia is more common in women and can be exacerbated by menopause. Sleep apnea is most common in obese, middle-aged men.

4. False. It's the ability-not the need-for sleep that decreases in those over 50.

5. C. "When you're on vacation, go to bed when you feel sleepy and get up when you naturally awaken. That's how much sleep you need," Kushida says.

6. False. "If you have what is called 'transient insomnia,' it could develop into chronic insomnia," Kushida says. "See your primary care doctor or a sleep specialist so it can be treated early."

7. True. A sleep specialist can help determine whether you have a sleep disorder or whether medication use or a medical condition is affecting your sleep.

Number Correct:

6-7: You're a whizzzzzz.

4-5: You didn't sleep through this quiz.

2-3: You're dreaming.

0-1: Wake up and smell the coffee.

The truth about eating disorders

People don’t think eating disorders can happen to them, but it is more common than people may think.

According to National Eating Disorders Organization as many as 10 million females and 1 million males are fighting a life and death battle with an eating disorder such as anorexia or bulimia. Moreover, the NEDA cites that millions more are struggling with binge eating disorders.

Sara King’s personal battle

Minot native, Sara King, a Minot State University student, almost lost her life to an eating disorder. Starting college is a stressful and scary time for some people; it is a big change in a person’s life. When King started school she had heard comments about the infamous “freshmen 15”, a common reference to the weight gain one may experience during their first year at college. In Sara’s case, she wanted to lose a little weight just in case it happened to her before school started.

In February 2008, at the age of 20, King said she hit her all-time low weighing 64 pounds. During this time, she was working at Target and King said people would often make comments to her about her weight. In fact, when people would make comments about her appearance, it would only cause her to become more angry and depressed about it.

“People would tell me to go eat a cheeseburger, and it really made me mad,” she said. “Because when I looked in the mirror, I thought I looked very good; I didn’t see what other people were seeing.”

King recalled how physically and emotionally draining this disease was for her and her entire family. Her mother, a victim of this condition as a young woman herself, would try to keep track of her weight, and scheduled weigh-ins. King had a trick to make it look like she was gaining weight, when she actually wasn’t.

“But, I would strap ankle weights around my thighs to add some pounds,” she explained sheepishly.

In February 2008, King’s turning point came when she experienced terrible pains in her chest and ended up passing out in the Student Center at Minot State University.

Her friends called 911 and the ambulance transported here to Trinity Hospital. At this point her family was very worried about her, and her Grandma threatened to stop supporting her financially unless she sought treatment.

While King was at Trinity, a social worker referred her for in-patient treatment. She was in treatment for about four and a half months. When King received in-patient

treatment, she was in very rough shape including early kidney failure and being too weak to walk.

“A nurse told me that I had only two weeks to live during my in-patient treatment,” she said.

King explained eating disorders often cause long-term health effects. She now has osteoporosis, liver problems, anemia and acid reflux.

“I have really bad anxiety also as all of the memories come back to me at night – sometimes I freak out,” King added.

King said she is thrilled to be alive, and now she wants to help people recognize and overcome their eating disorders. She urges them to get help right away and to not keep it a secret.

“Talk to someone, anyone who will listen to you,” she said.

People familiar with King’s journey have sought her advice for those they know or suspect suffer from this disease.

“I am more than happy to help anyone who needs it because I know how difficult everything can be; I was lucky to go with the support of loved ones at my side,” she said.

Why do people have an eating disorder?

According to Della McAllister, PhD, Clinical Psychologist from Trinity Health, while there typically is a “trigger” one could point to as the precipitating event which started the eating disorder behavior, there are multiple causations or factors which leave someone vulnerable to developing an eating disorder.

“When these vulnerabilities then converge with an increased level of stress in that person’s life, they then attempt to cope with this stressor through disordered eating behaviors,” Dr. McAllister explained. “The life stressors most likely to interact with a person’s psychological vulnerabilities and result in an eating disorder are often associated with transitions from one developmental stage to the next, such as child to teen, teen to young adult. In King’s story entering college served as a triggering event.”

Dr. McAllister further explained that these transitions by nature create a level of uncertainty and anxiety which in turn can feel like a loss of control. This type of trigger, combined with the classic Type A personality (perfectionist, high achiever, adheres to the rules) seems more likely to result in the anorexic type of an eating disorder.

“The more impulsive personality styles combined with stressors that are more chronic in nature are more likely to result in the bulimic type of an eating disorder. An eating disorder can be seen as a person’s attempt to cope, albeit maladaptive, with the life stressor. The immediate effects or consequences of the disordered eating behaviors are experienced as positive,” Dr. McAllister said.

Dr. McAllister said that binge eating or purging (throwing up), excessive exercising, or extreme restriction of caloric intake, can serve as a distraction from the stressor and provide the person with a temporary sense of relief or reduction in anxiety through a false sense of control or achievement.

“The delayed effects, such as guilt, shame, damage to relationships and physical health problems are experienced by that person as very negative, often times resulting in an escalation in the eating disorder or

sometimes leading to other forms of punishment or self-harm,” she said. “Behavioral research has shown immediate consequences, especially if they are

positive, have a greater influence than delayed consequences on whether or not that behavior occurs again.”

What is an eating disorder? Some basic facts

Eating disorders -- such as anorexia, bulimia, and binge eating disorder – include extreme emotions, attitudes, and behaviors surrounding weight and food issues. Eating disorders are serious emotional and physical problems that can have life-threatening consequences for females and males.

Anorexia Nervosa is characterized by self-starvation and excessive weight loss.

Bulimia Nervosa is characterized by a secretive cycle of binge eating followed by purging. Bulimia includes eating large amounts of food – more than most people would eat in one meal – in short periods of time, then getting rid of the food and calories through vomiting, laxative abuse, or overexercising.

Binge Eating Disorder (also known as Compulsive Overeating) is characterized primarily by periods of uncontrolled, impulsive, or continuous eating beyond the point of feeling comfortably full. While there is no purging, there may be sporadic fasts or repetitive diets and often feelings of shame or self-hatred after a binge. People who overeat compulsively may struggle with anxiety, depression, and loneliness, which can contribute to their unhealthy episodes of binge eating. Body weight may vary from normal to mild, moderate, or severe obesity.

Source: National Eating Disorders Association. www.nationaleatingdisorders.org

Is a disorder inherited or more psychological?

Research suggests there may indeed be a genetic component to eating disorders, especially with the anorexic type, according to Dr. McAllister. In addition there is some research that suggests a genetic link between alcoholism and eating disorders; if a parent is alcoholic their male offspring is also at a greater risk of developing alcoholism but their female offspring is more likely to develop an eating disorder.

“This makes sense intuitively, as both alcoholism and eating disorders can be thought of as an addiction, just with different substances,” Dr. McAllister explained. “However, the treatment goals are different; with alcoholism the person recovery from the disease is focused on not drinking, while for the eating disorder patient the goal is to learn how to eat, not to stop eating.”

Signs of a person having a disorder

The following are some signs of those people who may have an eating disorder:

- Changes in eating habits and food preferences
- Avoiding social events involving food or not wanting to eat in front of others
- Exercising for more than one hour a day or becoming anxious or agitated if not able to exercise

- Excessive focus on counting calories and reading food labels
- Weighing oneself more than one time per day
- Hoarding or hiding food or evidence of having eaten
- Using the bathroom immediately after eating
- Significant weight loss or lack of weight gain despite appearance of adequate or even more than necessary calorie intake for activity level
- Distorted body image
- Wearing loose or baggy clothing in a way that seems to be more about “hiding” their body rather than for comfort

Preventing a disaster

According to Dr. McAllister, the earlier a person is treated for an eating disorder the better the outcome.

“If you suspect someone may have an eating disorder tell them your concerns. Focus on describing what you have noticed that is causing this concern versus accusing them of having an ‘eating disorder,’” she explained. “Ask the person to have a full medical workup to rule out any medical problems. If possible, alert the physician about your concerns so their examination can focus on medical indicators of a possible eating disorder.”

Working out with the pros – cardiac pros, that is

Unable to shake her bad cold, Mari Louise (Skip) Opdahl decided to pay a visit to her primary care doctor. But by the time she reached his office, her cold was the least of her concerns.

“He did some checking during the exam and decided that he wanted me to have an EKG (electrocardiogram),” Mari reported. “He asked me if I had driven myself to the appointment. I said yes, and he said, I’m going to call an ambulance.”

The ambulance took Mari to Trinity Hospital where she underwent tests for abnormal heart activity. Sure enough, the tests showed that Mari had experienced a heart attack. “It was quite a shock,” she said. “It turns out I had a blockage in one of my coronary arteries.



Mari Louise Opdahl gets in some early morning treadmill work under the watchful eye of Cardiac Rehab staff.

The cardiologist (Dr. Samir Turk) put a stent in.”

To promote her recovery, Mari was referred to Trinity’s Cardiac Rehab program. Established in 1990, Cardiac Rehab helps individuals with cardiovascular illness

improve the quality of their lives through monitored exercise sessions and patient education regarding nutrition and lifestyle.

As a rule, most Cardiac Rehab patients attend a fixed number of sessions – usually whatever Medicare or other insurance covers. They then transition to a home exercise program or a fitness center, such as the Y. But Mari was one of a number of patients who feel so comfortable with the Cardiac Rehab team that they decide to pay the \$4 to \$5 dollars per session to become regulars at the center. “I liked going to Cardiac Rehab

because my blood pressure was kind of erratic, and there they check your blood pressure and do such a good job keeping an eye on you,” she explained.

Her loyalty and devotion may have saved her life. One day while she was at Cardiac Rehab she had her second heart episode.

“I was using the rowing machine and went into cardiac arrest,” Mari recounts. “There was no better place to be. They revived me and took me over to the hospital. It took about a week to decide what my treatment should be – they didn’t want to rule out open heart surgery. I was diagnosed with ventricular fibrillation, so they put in a pacemaker and a defibrillator.”

Now Mari is feeling stronger than ever.

“I feel good, really good. I do just about everything. I love to be outdoors,” she says.

Part of her success is due to her own choices. “My weight is fine; it’s about the same as it’s always been. I had always watched the fats and stuff,” she said. “Lately I’ve tried to cut back on salt.”

With her heart issues under control, Mari is back to a normal schedule, which – needless to say – still includes Cardiac Rehab.

“I go twice a week on Mondays and Wednesdays,” she declares.

(See page 6 for more information on the Cardiac Rehab program)

Trinity Health staff support women’s heart health



Behavioral Health, Trinity Hospital – St. Joseph's



HIM, Trinity Hospital – St. Joseph's



Same Day Surgery, Trinity Hospital



Cardiology, Health Center – Medical Arts



RehabCare, Trinity Hospital – St. Joseph's



Quality Improvement and Infection Control
Trinity Hospital

Trinity Health employees participated in the Go Red for Women Wear Red Day on Friday, Feb. 4, in recognition of the importance of women’s heart health. Heart disease is still the No. 1 killer of women age 20 and over, killing approximately one woman every minute. In fact, more women die of cardiovascular disease than the next four causes of death combined, including all forms of cancer.



HIM, Trinity Hospital

Trinity Health was proud to be a sponsor of the “Love Letters into Lyrics” Go Red Gala on Feb. 14. The event raised \$30,000 for the American Heart Association, half from a matching grant from Dakota Health Foundation.

Eating disorders continued from page 4

Dr. McAllister also suggests asking the person to have a mental health assessment with someone who is experienced in the treatment of eating disorders.

“If the person you are concerned about is your child then you are in a better position to insist versus to suggest,” Dr. McAllister said. “If the person is someone else’s child, talk to their parents about your concerns. If the person is a student, try talking to the school counselor about your concerns.”

What are other things people can do to help?

“Be aware of your own comments about food, weight, or exercise,”

Dr. McAllister explained. “Try to avoid criticism, arguments or other negative conversations during mealtimes. Try to avoid using food as a reward or punishment, although as a parent you may have to set limitations on activity level if there is continued weight loss or lack of needed weight gain.”

Instead, Dr. McAllister said to encourage goals which are realistic and focus on effort versus achievement.

“Remember that the eating disorder and the person are not one in the same. Acknowledge that their treatment and recovery from an eating disorder is about more than simply eating or controlling how much

you eat and that they may falter or relapse,” she added.

Long term effects of having an eating disorder

Untreated or long-term eating disorders can lead heart failure, kidney problems, osteoporosis, and loss of cognitive functioning particularly when the person engages in both excessive restriction and purging behavior as a way to obtain rapid, significant weight loss.

According to Dr. McAllister, anyone can get an eating disorder, including those who are repeated dieters with wide fluctuations in their weight.

“Accepting your body is the best way to avoid an eating disorder,” she said.

About Dr. McAllister

Dr. McAllister provides general outpatient therapy with a special emphasis on child, adolescent and family problems. These include abuse, domestic violence and eating disorders. She's experienced in forensic psychology, a field of behavioral health dealing with people subject to orders of the criminal justice system. A Chicago native, Dr. McAllister earned her doctor's degree in Clinical Psychology from the California School of Professional Psychology in Fresno. She completed

two years of post-doctoral supervision in Texas and Moorhead, MN and provided outpatient psychotherapy and court-ordered evaluations in Moorhead. She also served on the board of the Rape & Abuse Crisis Center of Fargo – Moorhead. Dr. McAllister is licensed in both North Dakota and Minnesota.

Her office is located at Health Center – Riverside, 1900 8th Ave SE, in Minot. She can be reached at (701) 857-5998.

Help your kids eat right — eat with COLOR

When it comes to food and nutrition, even the most knowledgeable parents can use help making sure their children are eating healthy meals.

The good news is that shopping, cooking and eating healthfully have just gotten easier with assistance from www.kidseatright.org, a new website from American Dietetic Association and its Foundation.

The 2010 Dietary Guidelines Advisory Committee recently reported that children, teens and adults have diets deficient in dietary fiber, vitamin D, calcium and potassium, and the “Kids Eat Right” campaign calls for increased attention to the alarming nutrient deficiencies in children's diets.



"Weight is not the only measure of good nutrition and health. Any child — whether they are of normal weight, overweight or obese — can be undernourished," says registered dietitian Dr. Katie Brown, national

education director for the American Dietetic Association Foundation. "Quality nutrition requires a total diet approach that goes beyond calorie counting alone, to focus on including those nutrients critical for a child's healthy growth and development," Brown says. "This year's National Nutrition Month theme is a great reminder for parents to focus on that total diet approach by including a variety of foods and colors in every meal, every day." The following is guidance for helping

- your kids "Eat Right with Color":
- Give kids whole-grain cereals for breakfast, kid-friendly "white" whole-wheat bread for sandwiches, crunchy whole-grain crackers for snacks and whole-grain pastas for dinner
 - Eat more fruits and vegetables at every meal. At breakfast, enjoy fresh or frozen berries on cereal, slices of melon or a glass of 100 percent orange juice; at lunch, serve baby carrots or sliced apples; for dinner, put brightly colored vegetables at the center of every plate.
 - Most young people in America are not getting enough calcium or potassium. Fortunately, it's easy to consume the three daily dairy servings children and teens need. Try an eight-ounce glass of low-fat milk with

breakfast, lunch and dinner; yogurt parfaits for breakfast or an after-school snack; or string cheese for an on-the-go energy snack.

- Getting enough protein at every meal and snack helps kids feel satisfied after eating. Start their day with egg or bean burritos. For snacks, provide peanut butter or sliced deli meat.

Designed around a SHOP, COOK and EAT theme, the Kids Eat Right website provides parents with practical tips, articles, videos and recipes from registered dietitians to help families shop smart, cook healthy and eat right.

Trinity Health’s dietitians are also available to help you ensure your kids “Eat Right with Color” by calling 857-5527.

Source: ADA

Eat right with color

While the trees may be bare in March, there are still plenty of colorful and nutritious foods to fill your plate. During the 2011 National Nutrition Month®, the American Dietetic Association (ADA), along with dietitians from Trinity Health, encourages everyone to add color and nutrients to your meals through this year's theme: "Eat Right with Color."

The following is a quick color guide to eating right:

Green produce indicates antioxidant potential and may help promote healthy vision and reduce cancer risks.

- Fruits: avocado, apples, grapes, honeydew, kiwi and lime
- Vegetables: artichoke, asparagus, broccoli, green beans, green

peppers and leafy greens such as spinach

Orange and deep yellow fruits and vegetables contain nutrients that promote healthy vision and immunity, and reduce the risk of some cancers.

- Fruits: apricot, cantaloupe, grapefruit, mango, papaya, peach and pineapple
- Vegetables: carrots, yellow pepper, yellow corn and sweet potatoes

Purple and blue options may have antioxidant and anti-aging benefits and may help with memory, urinary tract health and reduced cancer risks.

- Fruits: blackberries, blueberries, plums, raisins
- Vegetables: eggplant, purple cabbage, purple-

fleshed potato

Red indicates produce that may help

maintain a healthy heart, vision, immunity and may reduce cancer risks.

- Fruits: cherries, cranberries, pomegranate, red/pink grape fruit, red grapes and watermelon
- Vegetables: beets, red onions, red peppers, red



potatoes, rhubarb and tomatoes

White, tan and brown foods sometimes contain nutrients that may promote heart health and reduce cancer risks.

- Fruits: banana, brown pear, dates and white peaches
- Vegetables: cauliflower, mushrooms, onions, parsnips, turnips,

white-fleshed potato and white corn

For more tips on how to eat right by adding

color during National Nutrition Month and all year long, talk to your primary care provider or visit www.eatright.org and click on “For the Public.”

Trinity Health dietitians are also here to help by calling 701-857-5527.

Source: ADA

Healthy U—Eating Right With Color Cooking Demonstration

March 24 • 6:30 pm • Health Center – East • See Calendar on page 8 for more information.



Healthy U Community Education

Darrell Williams, MD, an ophthalmologist with Trinity Regional Eyecare – Minot Center, gave a standing room only presentation on Exciting Innovations for Treatment of Wet and Dry Macular Degeneration on Feb. 10. His presentation was part of Trinity's Healthy U series, a free educational event for the community.

Trinity Health’s Speaker’s Bureau

Call Trinity Health Community Education at 857-5099 to check for available dates and topics.

Pulmonary patients rehab at Trinity

If patients need rehabilitation for respiratory-related health problems, those services are available at Trinity Health in one central location.

Jeff Redekopp, Coordinator of Trinity's Cardiopulmonary Rehabilitation Department, said outpatient services provided by the department address the medical needs of patients with chronic bronchitis, chronic asthma, COPD, pulmonary fibrosis, bronchiectasis, and emphysema.

Treatment focuses on both exercise and patient education with the goals of increasing capacity for exercise, plus knowledge

of the disease process, instilling the importance of proper nutrition and improving the overall quality of the patient's life.

Redekopp said progress and discharge reports will be sent to the patient's primary and referring physician on a monthly basis. A final report will be sent upon the patient's discharge from the program.

According to Redekopp, departmental staff includes registered nurses, exercise



physiologists and respiratory therapists. *Note: Patients must have a physician's referral in*

order to receive services.

"We appreciate the referrals we have already received from area physicians. As the need for these services continues to grow, our department has grown to meet the need of our community," Redekopp said. "We look forward to serving patients now and in the future."

The Cardiopulmonary Rehabilitation Department is located on the ground floor of Health Center – West

(Suite 106). Pulmonary Rehabilitation is under the direct medical supervision of Trinity Medical Group Pulmonologist Jeffrey Verhey, MD.

Hours of operation for outpatient services are 7 a.m. until 3:30 p.m., Monday, Wednesday, and Friday. For more information, call 701-857-2338.

Trinity Health Employee Service Awards

Congratulations to the following individuals who were recognized for having achieved 20, 25, 30, 35, 40, and 45 years of service to Trinity Health during the 2010 Calendar Year. These awards demonstrate each employee's continued commitment to the organization and to those communities Trinity Health serves across Northwest North Dakota.

45-YEAR AWARD Lois Ringdahl <i>Nutrition Services</i>	Nita Feist <i>Pediatric Nursing</i>	Sharon Van Winkle <i>Surgery</i>	Patty Mosser <i>PACU</i>	Carol Graves <i>Kidney Dialysis</i>
40-YEAR AWARDS Linda Bossert <i>Lab</i> Perla Hall <i>Lab</i>	Darlene Fournier <i>Nursing Services, Trinity Homes</i> Marian Gullickson <i>Business Office, Trinity Homes</i> Kathleen Hansen <i>Kidney Dialysis</i>	Zane Zuleger <i>Rural Mental Health Consortium</i>	Joan Narum <i>OB/GYN, HC – T&C</i> Lona Nelson <i>Rehab Nursing, Kenmare Hospital</i>	Linda Guidinger <i>Central Business Office</i> Sandra Harper <i>Surgical Nursing</i>
35-YEAR AWARDS Penny Adam <i>Nursing Services, Trinity Homes</i> Jillane Boser <i>eCARE</i> Kay Haugeberg <i>Lab</i> Karen Holte <i>Quality Improvement</i> Thomas Irmen <i>Facilities Management</i> Valarie Kemper <i>Radiation Therapy</i> Carla Lee <i>Lab</i> Judy Myers <i>Materials Management</i>	Betty Heintz <i>Intensive Care Unit</i> Rochelle Hickel <i>HIM, TH – SJ</i> Ruth Hrichena <i>Housekeeping</i> Eugene Iverson <i>Facilities Management</i> Carol Knorr <i>B&B Northwest Pharmacy</i> Lori Lagge <i>Kidney Dialysis</i> Vickie Lervik <i>Surgery</i> Karen Liepke <i>TCC – Western Dakota</i>	25-YEAR AWARDS Brenda Black <i>Pain Management</i> Wilma Boughton <i>Rehab Nursing, Kenmare Hospital</i> Dora Boyd <i>Nutrition Services, Trinity Homes</i> Charette Crabb <i>Urology, HC – E</i> Cheryl Ehlke <i>Emergency/Trauma Center</i> Mitchell Fearing <i>Optometrist, TRE – Williston Basin</i> Tammi Fugere <i>Business Office, TRE – Minot Center</i> Sharon Gifford <i>Nursing Services, Trinity Homes</i> Kamie Gotvaslee <i>Radiology</i> Craig Gust <i>Facilities Management</i> Margaret Haga <i>TRE – Williston Basin</i> Cynthia Havig <i>Same Day Surgery, TH – SJ</i> Deborah Hoverson <i>Convenience Clinic, HC – MA</i> Douglas Kato <i>Sleep Lab</i> Toni Kremer <i>Fiscal Services</i> Linda Kvamme <i>TCC – Western Dakota</i> Rodney Lund <i>Housekeeping, THomes</i> Laura Miller <i>Family Medicine, South Ridge</i>	Jane Olson <i>OB/GYN, HC – MA</i> Kathy Kallestad <i>HIM, TH – SJ</i> Barbara Rimatzki <i>Behavioral Health</i> Bruno Rimatzki <i>Occupational Therapy</i> Cindy Saari <i>Business Office, TRE – Minot Center</i> Nancy Schlag <i>Nursing Services, Trinity Homes</i> Linda Siebert <i>Internal Medicine, HC – T&C</i> Gwen Steinberg <i>Nursing Services, Trinity Homes</i> Sonja Struksnes <i>Lab</i> Carol Walth <i>Materials Management</i> Sue Wilson <i>Nursing Services, HC – T&C</i> Lois Zahn <i>Activities, Trinity Homes</i>	Cheryl Harshbarger <i>TRE – Williston Basin</i> Arthur Haskins <i>Air Ambulance</i> Joan Hawbaker <i>Cath Lab</i> Marlene Johnson <i>TRE – Williston Basin</i> Melanie Keeling <i>Radiation Therapy</i> Kimberly Keller <i>Anesthesiology</i> Kathy Kroke <i>RehabCare</i> Gloria Mantz <i>Admitting</i> Dawn Mehl <i>Nutrition Services</i> Julie Mosser <i>Facilities Management</i> Sharlo Myklebust <i>TRE – Devils Lake</i> Sandra Odegard <i>TCC – Western Dakota</i> Tonya Pearson <i>Neurology, HC – T&C</i> Edward Peterson <i>Facilities Management</i> Michelina Putnam <i>HIM</i> Barbara Roark <i>Behaviorial Health</i> Penny Saville <i>PACU</i> Pamela Schestler <i>Behavioral Health</i> Karen Sedevie <i>Respiratory Care</i> Janet Smith <i>Nursing Services, Trinity Homes</i> Patricia Wood <i>Same Day Surgery, TH</i> David Zietlow <i>Facilities Management, Trinity Homes</i>
30-YEAR AWARDS Jill Aarseth <i>Pulmonology, HC – E</i> Lori Armstrong <i>Nutrition Services</i> Joanne Behrens <i>Nursing Services, Trinity Homes</i> Curtis Dahly <i>Facilities Management</i> Cheryl Eshenko <i>B&B Northwest Pharmacy</i>	Cindy Nordquist <i>Admin Support</i> Jane Nygaard <i>Rad Tech School</i> Alan Okerson <i>Information Technology</i> Rosella Pfeifer <i>Housekeeping</i> Willie Ressler <i>Compliance</i> Matt Schell <i>Facilities Management</i> Walter Snyder <i>Behavioral Health</i>		20-YEAR AWARDS Caroline Anderson <i>Physical Therapy, Trinity Homes</i> Tammi Benno <i>Kidney Dialysis</i> Amy Braaten <i>Case Management</i> Janel Feehan <i>Radiology</i> Veda Gamble <i>Information Technology</i> Sharon Graff <i>TCC – Kenmare</i>	

Tanberg new V.P./ Trinity Homes Administrator

President and CEO John M. Kutch announced that Rhonda Tanberg, RN, BSN, Director of Nursing at Trinity Homes for the past three years, has been appointed to the post of Trinity Health Vice President and Trinity Homes Administrator following Rick Wittmeier’s retirement. According to Mr. Kutch, Tanberg was selected from a field of numerous candidates based on her



Rhonda Tanberg, RN, BSN, VP/Homes Administrator

special combination of skills. “She not only has the capability to handle complex business matters, she has the people skills to connect with the residents and staff in a way that will build on the harmony and teamwork that makes Trinity Homes a special place,” Kutch said. The former Williston resident began her

healthcare career in 1975 as a nursing assistant at Bethel Home. A 1983 graduate of the Trinity School of Nursing, she worked at Manor Care in Minot for nearly 15 years, the last five as Assistant Director of Nursing. In 1992 she joined UniMed Medical Center, where she worked as a staff nurse in the medical, pediatric and intensive care units. She became hospital supervisor (Inpatient Manager) for inpatient care, managing the surgical, swing bed, medical, pediatric, ob/gyn/labor-delivery, newborn intensive care

and nursery units. When Trinity acquired UniMed in 2001, Tanberg became the Site Manager of Trinity Hospital – St. Joseph’s. Rhonda returned to long term care in the summer of 2007, serving as Interim Administrator for the Watford City hospital and nursing home. Working closely with Wittmeier and the local board members, staff and physicians, she helped maintain the organization’s care standards through a leadership transition. She was named DON at the Homes later that year. She holds a BSN from

Minot State University and earned her Nursing Home Administrator license in 2010. Rhonda says her goal each day will be to help provide a great living place for residents and a wonderful workplace for employees. “I love working with the residents and our excellent staff,” Tanberg said. “We have a unique opportunity to make a positive impact on the lives of many people. We really do make a difference every day.”

Director has passion for critical care

Coming from Detroit, Michigan, Hani Ayyad, BSN, is used to winter temperatures some 10-20 degrees warmer than North Dakota averages. Thankfully the warm smiles on people’s faces are compensating for the added cold. “People have been friendly and positive,” he says. “They look you in the eye and smile; it’s refreshing.” January 10 was Ayyad’s first day as Trinity Hospital’s new Nursing Director Critical Care. Intensive Care, Emergency/Trauma and Northstar Criticair all fall within his purview. He’ll work closely with Sandy Boschee, Nursing

Director Acute Care, to support Trinity’s mission to provide patient- and family-focused care that is safe and effective. Ayyad earned a bachelor’s degree in Biological Sciences from Wayne State University in Detroit and completed his BSN there in 2003. As a nursing student he began an eight-year association with Oakwood Hospital and Medical Center in Dearborn, MI, working initially as a staff nurse in the hospital’s 28-bed step-down unit and later in the ICU. In 2007 he was promoted to assistant clinical manager of the step-down unit and a year

later became its manager. Last May he was named manager of the main trauma/surgical ICU. He also worked as an adjunct faculty for local nursing schools teaching onsite clinicals in advanced Medical-Surgical and Management. He’s currently pursuing his MSN. “My passion is critical care,” Ayyad states. “In critical care you have the ability, regardless of outcome, to make a



Hani Ayyad, BSN
Nursing Director
Critical Care

difference in people’s lives at a time when they are most vulnerable. That applies to the families as well; they’re an important part of the relationship. Oftentimes patients aren’t able to communicate or make decisions for themselves. The family then becomes the connection and the decision maker.” Among his goals is to do all he can to support Nursing in its move

toward a shared governance model, whereby nurses have a voice in making decisions that affect patient care utilizing evidence-based practice. He’s also passionate about Service Excellence and the pursuit of excellence as part of aligning all forces in the direction that leads to recognition of Trinity as the preferred regional healthcare provider.

C O M M U N I T Y

CALENDAR

For the latest updates, check online at www.trinityhealth.org

March 2011

Mobile Mammography Schedule

8Tioga Clinic, 664-3368

9Bowbells, 377-2626 or 377-2133
Crosby, 965-6349

10 & 30Devils Lake Community Clinic (a.m.), 662-8662
Towner Cty Medical Center – Cando (p.m.), 968-2522

15Mountrail Cty Med Center – Stanley, 628-2505

16Kenmare Hospital, 385-4296
Trinity Community Clinic – Mohall, 756-6841

23Trinity Community Clinic – New Town, 627-2990

29Turtle Lake Clinic (a.m.), 448-9225
Trinity Community Clinic – Velva, 338-2066

Healthy U—Beautiful You, Inside and Out!

March 3 • 7 pm • Health Center – Riverside

You can reverse the natural effects of aging, sun exposure, and childbirth or improve the appearance of your body after a significant weight loss. Join Jeffrey Pitcher, MD, Plastic and Reconstructive Surgeon, as he discusses body contouring, liposuction, and other aesthetic procedures. Reservations requested but not required; call 857-5099. Refreshments will be provided.

Healthy U—Eating Right With Color
Cooking Demonstration

March 24 • 6:30 pm • Health Center – East, Skyline Room

It is important to make informed food choices and develop sound eating habits. Trinity Health Dietitians will show you how to include a colorful variety of fruits and vegetables into your meals and snacks. Seating is limited so reservations are required; call 857-5099.

March/April/May/June 2011

Prepared Childbirth Classes

Learn about exercise and breathing techniques, labor/delivery, newborn care, newborn feedings, etc. Enrollment is limited.

March 22-April 12, May 3-24 and June 7-28 (Tuesdays)

7-9 p.m. in the Prepared Childbirth Classroom, Health Center – Riverside Education Center, 1900 8th Ave. SE.

March 23-April 13 and May 4-25 (Wednesdays)

7-9 p.m. in the Airmen and Family Readiness Center, MAFB. Please call 723-3950 to register.

March 5, March 19, April 9 and April 16 (Saturdays)

9 a.m.-4 p.m. in the Prepared Childbirth Classroom, Health Center – Riverside Education Center, 1900 8th Ave. SE.

Family Birth Center Tour

Expectant mothers are invited to attend a formal group tour/education/Q&A session at Trinity Hospital’s Family Birth Center. This opportunity allows every expectant mother to hear and see valuable information in a friendly environment. We will also provide information including on self-care, infant safety and what to expect during your delivery. See www.trinityhealth.org or call 857-5380 for detailed schedule.

Breastfeeding Basics

March 15, April 19 and May 18

Offered by Lauren Klein, RN, BSN. Meets from 7-8 p.m. in the Prepared Childbirth Classroom, Health Center – Riverside Education Center, 1900 8th Ave. SE.

These classes are offered free of charge as part of Trinity's community benefit mission, but registration is typically required. For more information or to register for classes, call 857-2310 or 1-800-862-0005.