

# Baylor Health

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## On Mended Knees

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 **BAYLOR**  
Regional Medical Center  
at Grapevine

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# Trust Your Gut

Understanding common gastrointestinal conditions



**G**astrointestinal troubles don't make for great dinner table conversation, but that doesn't mean you should keep silent about them. These issues may signal something serious. David Levitan, M.D., a gastroenterologist on the medical staff at Baylor Regional Medical Center at Grapevine, explains what some common symptoms could mean and when you should seek medical care. With any symptoms, Dr. Levitan points out that it's important to listen to your body and consider your age and any other health problems. If you suspect a problem, trust your instincts and talk to your doctor.

**CONSTIPATION** An occasional, temporary drop in the frequency of your bowel movements often will respond to increasing fiber in your diet or taking an over-the-counter (OTC) laxative. If your bowels don't become more regular, talk to your doctor. A simple lab test can determine if low thyroid function or high calcium levels could be to blame, and your doctor can likely make recommendations. An acute change in your bowel habits should definitely be checked out.

**DIARRHEA** Diarrhea tends to be self-limited, most often due to an infection and tends to resolve within a few weeks. If you experience

pain, rectal bleeding or fever with diarrhea, see your doctor. In general, diarrhea lasting more than four weeks warrants attention and should be discussed with your doctor. Some of the more common causes of persistent diarrhea include irritable bowel syndrome (IBS), chronic infection, celiac sprue and colitis.

**GAS AND BLOATING** Periodic gas and bloating are mostly just embarrassing. If your symptoms are problematic, your doctor often can recommend simple dietary changes to reduce gassiness. Bothersome gas and bloating might be signs of lactose or wheat intolerance or IBS.

**HEARTBURN** Once-in-a-while heartburn should respond to OTC antacids. For chronic heartburn or heartburn not responsive to OTC medication, see your doctor, particularly if you are over age 50. That's when your risk increases for Barrett's esophagus, a precancerous condition that a gastroenterologist can identify through endoscopy.

Dr. Levitan adds that if you're concerned about your symptoms, see your doctor. If you have a serious condition, treating it early is usually best. If you don't, you'll gain peace of mind, guidance on coping with your symptoms and improved quality of life. ● *By Stephanie Thurrott*

## Need a Gut Check?

For a referral to a gastroenterologist on the medical staff at Baylor Grapevine who can help make sense of your symptoms, call **1-800-4BAYLOR** or visit **FindDrRight.com**.

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Visit **BaylorHealth.com** or call **1-800-4BAYLOR** for information about **Baylor Regional Medical Center at Grapevine services, upcoming events, physician referrals, career opportunities and more.**

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The logo for Baylor Regional Medical Center at Grapevine, featuring a stylized blue flame or drop shape to the left of the text "BAYLOR Regional Medical Center at Grapevine".



# 'I Lost 125 Pounds!'

Bariatric surgery helps patient battle obesity

With obesity on both sides of her family, Emily Gomez, 31, of Keller, has always struggled with her weight. "I had tried many diets, and I'd lose some weight then gain it back, plus 10 or 20 pounds," she says. As her weight approached 300 pounds, her health problems increased as well. She faced borderline diabetes and hypertension, acid reflux, restless leg syndrome, aching joints and difficulty focusing.

"My husband made me feel nothing less than beautiful, but he looked at me with concern one day and said, 'If you don't do something about your weight, I'm going to be raising our kids by myself.' That was a wake-up call," says Gomez, who has an 11-year-old daughter and a 4-year-old son. "I want to watch my kids grow up."

She discussed weight loss surgery with her doctor and attended a free weight loss surgery seminar at Baylor Regional Medical Center at Grapevine (see "Ready to Learn More?"). There, she considered the various surgical options, met the weight loss team and learned the importance of proper nutrition and exercise in conjunction with the surgery. In January 2009, Gomez had gastric bypass surgery and has lost 125 pounds.

"I can sit on the floor with my legs crossed, and run and play with my kids in the park," she says. And as a dental assistant, she found herself reintroducing herself to her patients. Her appearance had changed so much in the months since they had seen her that they didn't recognize her.

Gomez acknowledges that weight-loss surgery is a tool, not a cure. It gave her the jump-start she needed to make—and stick with—healthy lifestyle changes. "Now I'm not a prisoner to obesity, to diabetes, to acid reflux, to high blood pressure. My joints are happy," she says. "And I'm able to be an active mom and wife, not a prisoner in my own body." ●

By Stephanie Thurrott



## Don't Wait to Lose Weight

For more information about the Weight Loss Surgery Center at Baylor Grapevine, call **1-800-4BAYLOR** or visit **BaylorHealth.com/GrapevineWeightLoss**.

### AFTER

Today, Emily Gomez is 125 pounds lighter and living a healthy lifestyle.

### BEFORE

## Ready to Learn More?

The Weight Loss Surgery Center at Baylor Grapevine offers personalized treatment options, says Sina Matin, M.D., weight loss surgeon and medical director of the weight loss surgery program at Baylor Grapevine. To learn about the effective options, and speak one-on-one with a physician, register for a free seminar. Call **1-800-4BAYLOR** or visit **BaylorHealth.com/GrapevineWeightLoss**.

### Upcoming seminars:

Wednesday, July 7 at 6 p.m.  
Saturday, July 17 at 10 a.m.

Wednesday, Aug. 4 at 6 p.m.  
Saturday, Aug. 21 at 10 a.m.  
Wednesday, Sept. 1 at 6 p.m.



Heart attack survivor Stephanie Weldy is exercising again after cardiac rehab at Baylor Grapevine.

# Back in Rhythm

## Cardiac rehab helps heart patients recover

**W**ith a regular exercise routine and a healthy diet, Stephanie Weldy, 40, of North Richland Hills, never expected to have heart trouble. But while swimming one day in August 2009, she had a heart attack. Doctors placed five stents in her right coronary artery and she was hospitalized for a week.

To aid in her healing, it came time to reintroduce exercise. But she was scared. “After a heart attack you’re thinking about it constantly,” she says. She decided to try the cardiac rehab program at Baylor Regional Medical Center at Grapevine. The 12-week structured and supervised exercise program helps patients recover from heart problems and rebuild their strength.

Phillip Hecht, M.D., a cardiologist on the medical staff at Baylor Grapevine says, “The main benefit of cardiac rehab is that people reestablish confidence in themselves and their ability to live

a long time. Cardiac rehab is proven scientifically to help prevent recurring cardiac events.”

Weldy said she felt comfortable she wasn’t going to do anything that might injure her heart, and when the staff felt she could do more they would gently encourage her. “They monitor your exercise program. They make recovering from a traumatic experience pleasant,” she says. After the exhaustion of the heart attack and hospitalization, she found that at first, cardiac rehab was the only thing she could do all day. “But it was something I looked forward to.”

Along with the monitored exercise program she was happy to meet other people who were also recovering from heart trouble. “I made friends and we shared our stories—we were all in this together,” she says.

Dr. Hecht says that meeting other people in recovery is an important aspect of cardiac rehab. “The support

features are priceless. You meet people out there who have survived and are feeling better than they ever have.”

Along with supervised exercise, cardiac rehab includes education about disease processes, medications and diet, so people can make the lifestyle changes that can help put them on the path to good health.

Once Weldy finished her rehab program she was confident that she could continue to exercise on her own. “I know I can do what they taught me to do and I’ll be fine,” she says. The high school history teacher is back to work, exercising and living her life. ●

*By Stephanie Thurrott*

### **Cardiac Care You Can Count On**

For more information about cardiac care at Baylor Grapevine, visit **BaylorHealth.com/GrapevineHeart** or call **817-424-4564**. For a referral to a cardiologist, call **1-800-4BAYLOR** or visit **FindDrRight.com**.



# Breathing Easier

Lung cancer screening trial brings advanced testing technology to Baylor and the community

**B**aylor is participating in a study that's not just exploring the potential advantages of early detection of lung cancer. It's giving people in the community access to the screening technique required to find the disease in its earliest stages.

The Baylor Charles A. Sammons Cancer Center at Dallas's Lung Cancer Center is part of the International-Early Lung Cancer Action Project (I-ELCAP). Initial results of this study have shown that newer screening tests, such as

low-dose spiral computed tomography (CT) scans, can detect lung cancer earlier than traditional CT scans or X-rays.

"We're talking about lesions that are about the size of the head of a match, which older technology can miss," explains Richard E. Wood, M.D., co-medical director of the Baylor Sammons Lung Cancer Center. "Low-dose spiral CT is a much more accurate screening technique."

About 80 percent of the lung cancer cases identified so far by I-ELCAP using low-dose CT screening have been Stage I. According to I-ELCAP, the curability of Stage I lung cancers is more than 80 percent.

"Patients at Stage I or II can be treated surgically," Dr. Wood explains. "Once patients reach the later stages of lung cancer, they most likely can't be cured."

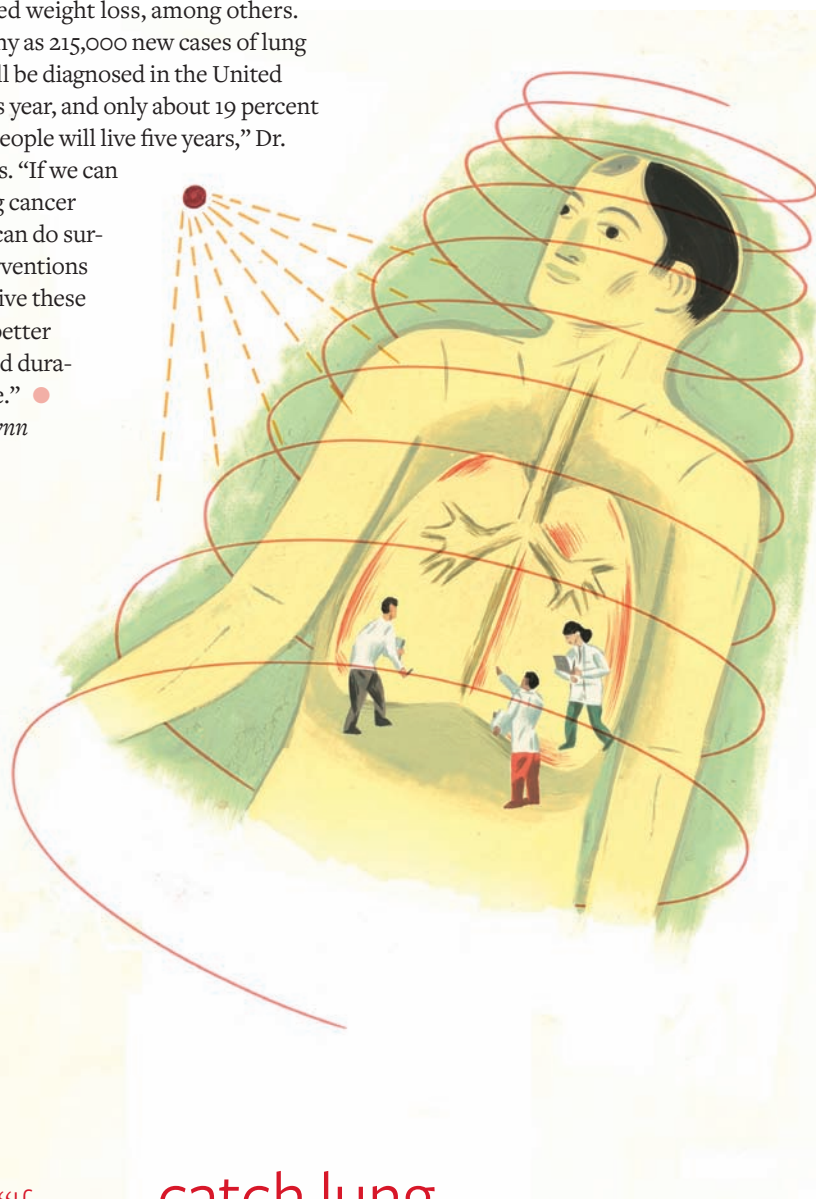
The Baylor Sammons Lung Cancer Center is currently the only location in Texas participating in I-ELCAP. Dr. Wood says the radiation dose from a low-dose spiral CT scan is about the same as people living in Dallas would get through two months' worth of typical sun exposure.

To be eligible for the I-ELCAP study, participants must be between 40 and 74 years old, with exposure to cigarette smoke that's the equivalent of one pack a day for 20 years. Participants can't have any symptoms of lung cancer, such as recent shortness of breath, chest pain or unexpected weight loss, among others.

"As many as 215,000 new cases of lung cancer will be diagnosed in the United States this year, and only about 19 percent of those people will live five years," Dr. Wood says. "If we can

catch lung cancer early, we can do surgical interventions that can give these people a better quality and duration of life." ●

By Amy Lynn Smith



"If we can catch lung cancer early, we can do surgical interventions that can give these people a better quality and duration of life."

— Richard E. Wood, M.D., Co-Medical Director  
Baylor Sammons Lung Cancer Center



## Are You Eligible?

For more information about the I-ELCAP study, call 214-820-6767.

# Joint Decisions

Aches and pains won't go away?  
Maybe it's time to explore your  
orthopaedic options

By Deborah Paddison

When avid golfer Dale Ridgley was 52, his knees started hurting after playing a tournament on a hilly course in California. For the next 10 years, "I just lived with it, and it got progressively worse," he says. The constant pain interfered with his ability to walk, play golf and even to get to his office since he usually arrived before the building's escalator was turned on. Today, Ridgley is walking pain-free on two new knees, after having them replaced in January and April 2009 at Baylor Medical Center at Carrollton. "The rehab was quick. I was back playing golf four weeks after my second knee surgery," he says.

## Take the First Steps

While joint replacement was right for Ridgley, not every problem requires surgery. It might surprise you to learn that orthopaedic specialists often prescribe weight loss, oral medications, joint injections of steroid medication and gel-like viscosupplements, bracing for extra stability, and physical rehabilitation programs.

"It's a good idea to see an orthopaedic surgeon when you begin developing joint trouble," says Pat Peters, M.D., an orthopaedic surgeon on the medical staff at Baylor Regional Medical Center at Grapevine. "Early identification of the cause gives us more options to either correct or treat it and head off problems over the long term."

Often, that can be done nonsurgically. "All some patients need to do is take anti-inflammatory medication, modify their activity level for a time and work through a rehabilitation program," says Howard Moore, M.D., an orthopaedic surgeon and sports medicine specialist on the medical staff at Baylor University Medical Center at Dallas.

## Fix the Inner Workings

Like Ridgley, Mariana Devereaux of Dallas also required surgery. When the tennis player tore the anterior cruciate ligaments (ACL) in

Dale Ridgley is active again after two knee replacements.



## Watch Dale's Story

Dale Ridgley, right, had both knees replaced at Baylor, and now nothing can slow him down. Watch his video at [BaylorHealth.com/MyStory](http://BaylorHealth.com/MyStory).



her knees, she underwent major open ACL reconstruction at Baylor Dallas. The surgeon replaced her damaged ligaments by harvesting portions of her patellar tendon (below the kneecap) to use as grafts.

Afterward, her steadfast commitment to rehabilitation produced excellent results. "Today my knees don't bother me much when I play, even with all the cutting motions," Devereaux says.

Many orthopaedic solutions involve arthroscopic surgery, a less-invasive technique that can diagnose and treat a joint problem in the same procedure. Using a scope and special instruments, the surgeon sees inside the joint and makes structural repairs to tendons, ligaments and cartilage. Arthroscopy can also relieve joint locking or catching caused by loose cartilage or bone fragments. Newer, high-definition video screens now visualize joint interiors with more clarity and detail. And refinements in arthroscopic techniques allow many shoulder procedures—repairing rotator cuff tendons or reconstructing ligaments—to be performed via arthroscopy as well.

### Call in the Replacements

More than 400,000 hip and knee replacements are performed in the U.S. each year, according to the American Academy of Orthopaedic Surgeons. Typical patients can expect a new joint to wear well for 15 to 20 years, depending on their age and activity level.

But you shouldn't jump into joint replacement. "This is major surgery, and as with all surgeries, there are possible significant complications, including blood clots and infection," says Craig Goodhart, M.D., an orthopaedic surgeon and sports medicine specialist on the Baylor Carrollton medical staff. Patients also must be willing to work: A program of exercise and physical therapy is required to achieve optimal results.

"I had one of those classic arthritic knees that can predict the weather," says Grapevine resident Colleen Butterfield, 78. Pain relievers helped, but after a cartilage tear, she underwent knee replacement last October. "Everything was so much better than I anticipated," she says. "The nurses and physical therapists at Baylor Grapevine were so tender and caring; they even had a sense of humor. It was a great experience."

Recent advances include better anesthesia options, computer-assisted surgical navigation, and implants better matched to patient size and gender. Also, some joint replacements now can be approached less invasively. When arthritis is confined to one side of the knee, partial knee replacement is a less-extensive resurfacing that relieves pain while preserving more natural knee function. Active seniors around age 55 are candidates, because recovery is faster and total joint replacement remains an option down the road. ●



### Body Basics

Treat your body right and it will work and feel better. Visit [BaylorHealth.com/HealthCast](http://BaylorHealth.com/HealthCast) for a quiz about ergonomics, a downloadable guide to treating sports injuries, a guided stretching podcast and much more.



A new knee has Colleen Butterfield, 78, back on her feet.

## Stepping Forward

Those who plan to have joint replacement surgery at Baylor Regional Medical Center at Grapevine will now be better prepared thanks to a new innovative program. A nurse, physical therapist and social worker teach the twice-monthly classes and attendees are welcome to bring a family member or friend.

Pat Kirby, P.T., director of Rehabilitation Services at Baylor Grapevine, reports the class covers:

- What to expect on the day of surgery and the days after surgery
- Information on preoperative events, pain control, and what to wear during their hospital stay
- Whether surgical candidates might need a cane, walker, bathing supplies or other equipment so they can get them ahead of time
- Demonstration of physical therapy exercises, which can build strength before and after surgery
- Options for extended therapy after hospitalization, which might include home health, skilled nursing, inpatient rehab or outpatient therapy

Attendees will take home a booklet that outlines the anatomy of the surgery, guidelines for the hospital stay and how to perform exercises. There's space for notes that may be beneficial for candidates the day of their surgery.

The class not only prepares patients for surgery, but also introduces them to the health care team that will care for them. Once the surgery is over, most people remain in the hospital for three or four days, regaining strength and mobility before they head home. The client will continue therapy in one of the settings listed above.

The joint replacement program at Baylor Grapevine earned recognition as a Blue Distinction Center® for knee and hip replacements, a designation awarded by Blue Cross & Blue Shield for expertise in delivering quality health care.



Find out more about joint replacement surgery at Baylor Grapevine at [BaylorHealth.com/GrapevineOrtho](http://BaylorHealth.com/GrapevineOrtho). To register for our monthly joint replacement seminars, call **1-800-4BAYLOR**.



## The **weight** is over.

***Weight loss surgery is available nearby at Baylor Regional Medical Center at Grapevine.  
Attend a free seminar and speak one-on-one with a physician on the medical staff.***

Take off your excess weight and avoid becoming one of the 500,000 people who die prematurely each year due to obesity. Now you can get expert help close by through the Weight Loss Surgery Center at Baylor Grapevine. Our programs offer you a variety of advanced surgical treatments in a multidisciplinary environment that includes physicians, nurses, dietitians, psychologists and program and insurance coordinators dedicated to provide you with quality care. Learn more and don't let obesity weigh on you any longer.

**Join us for a free Weight  
Loss Surgery Seminar**

**Call 1.800.4BAYLOR  
to register today!**

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Saturday, July 17 at 10 a.m.  
Wednesday, August 4 at 6 p.m.  
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**BAYLOR**  
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