

# Healthy You

Spring 2017

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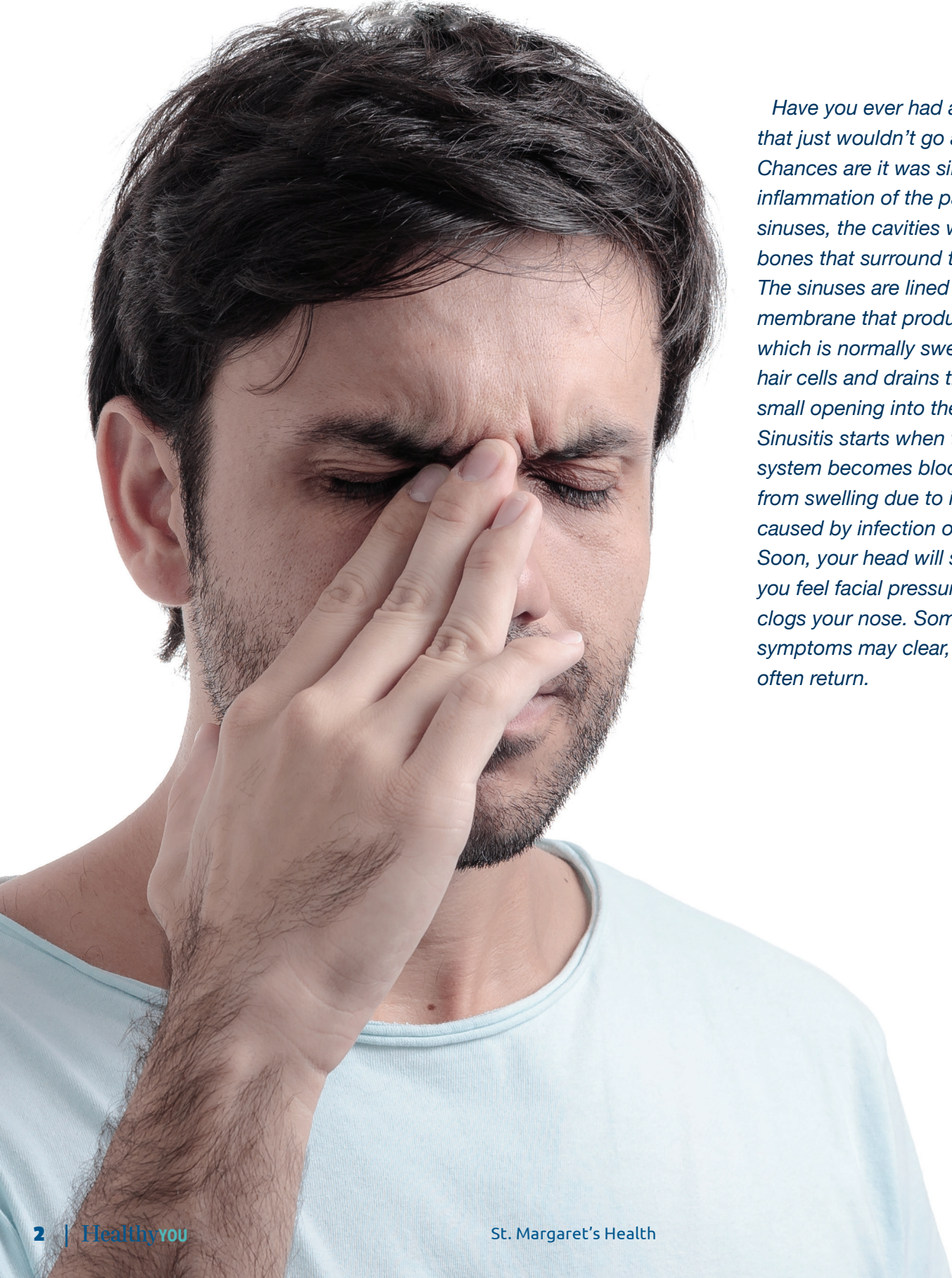


St. Margaret's Health

SMP Health System



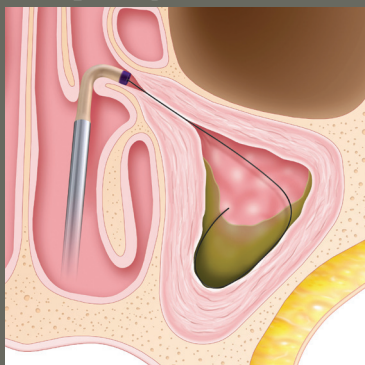
# Sinusitis Sufferers Take Your Life Back



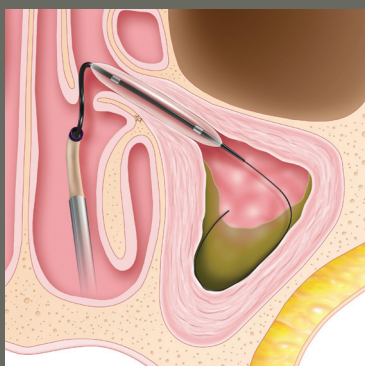
*Have you ever had a cold that just wouldn't go away? Chances are it was sinusitis – an inflammation of the paranasal sinuses, the cavities within the bones that surround the nose. The sinuses are lined with a thin membrane that produces mucus, which is normally swept along by hair cells and drains through a small opening into the nasal cavity. Sinusitis starts when this drainage system becomes blocked, usually from swelling due to inflammation caused by infection or an allergy. Soon, your head will start to hurt, you feel facial pressure, and mucus clogs your nose. Sometimes the symptoms may clear, but often return.*



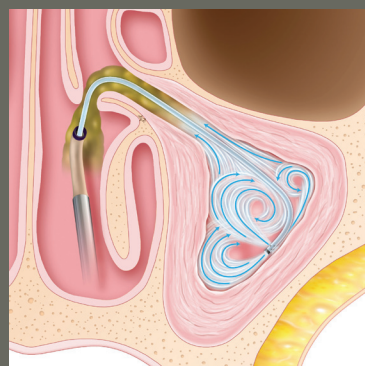
## How Balloon Sinuplasty Works:



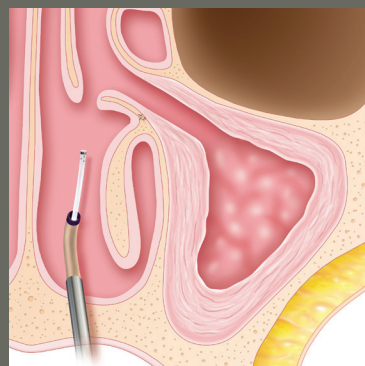
Step 1: A balloon catheter is inserted into the inflamed sinus.



Step 2: The balloon is inflated to expand the sinus opening.



Step 3: Saline is sprayed into the inflamed sinus to flush out the pus and mucus.



Step 4: The system is removed, leaving the sinuses open.

Acute, subacute, and chronic sinusitis present a variety of symptoms. Acute sinusitis is most often caused by the common cold, which is a mild infection resulting from a virus. If a patient has two or more of these symptoms, and/or a thick, green or yellow nasal discharge, they may be diagnosed with acute sinusitis. Other symptoms that may be present are facial pain and pressure, blocked nose, nasal discharge, poor sense of smell, congestion, cough, high temperature, bad breath, tiredness, and a toothache. Acute sinusitis may last up to a maximum of 4 weeks. Subacute sinusitis refers to an acute sinusitis that has not improved. Symptoms will be similar to acute sinusitis—possibly less severe—but could last from 4 to 12 weeks. Chronic sinusitis is usually caused by an infection. Symptoms of chronic sinusitis are congested, puffy face, blocked nose, pus in the nasal cavity, high temperature, and nasal discharge.

There are many different treatments for sinusitis but one that provides immediate, lasting relief from chronic sinusitis is Balloon Sinuplasty. Performed by an ear, nose, and throat doctor, Balloon Sinuplasty is a safe and effective sinus procedure for sinusitis. Furthermore, the procedure is minimally invasive and involves no cutting of nasal bone or tissue. The Balloon Sinuplasty procedure uses a small, flexible balloon catheter to open blocked sinus passageways and facilitate drainage of the mucus that builds up.

When the sinus balloon is inflated, it restructures and widens the walls of the sinus passageway while maintaining the integrity of the sinus lining.

Aside from providing instant, lasting relief to sinusitis sufferers, there are also numerous other benefits to having this procedure done. For starters, it is now available in-office for patients who decline or are ineligible for general anesthesia. There is also limited downtime or recovery time after the procedure. In fact, the procedure usually lasts less than 60 minutes with most patients returning to their normal activities within 2 days. Lastly, having the procedure done can significantly reduce healthcare costs through savings on antibiotics and steroids used to treat recurring and chronic sinusitis or by avoiding operating room costs.

Katelyn Stadel has a unique and successful story from having had the Balloon Sinuplasty procedure performed by our very own board certified ENT, Dale Chilson, DO, FAOCO. Stadel had been suffering from chronic allergies and sinus problems her entire life, stating that she would get a sinus infection at least once every year and has always had trouble breathing. "Beginning in September of 2016, it became unbearable. I was constantly sick for months and couldn't figure out why over-the-counter medicines and prescribed antibiotics weren't working. That's when I learned about Balloon Sinuplasty and decided I needed to make an appointment," says Stadel.

During her initial appointment with Dr. Chilson, Stadel learned that she was, in fact, a prime candidate for the Balloon Sinuplasty. However, upon examining her nasal passages, Dr. Chilson found another underlying issue that was also contributing to her trouble breathing. In addition to sinusitis, she was diagnosed with a deviated septum. A deviated septum is a condition in which the nasal septum—the bone and cartilage that divide the nasal cavity of the nose in half—is significantly off center or crooked, making breathing difficult. Receiving this diagnosis explained a lifetime of breathing difficulty Stadel endured. "As a former athlete, my breathing difficulty has always hindered me. Coaches and family would say, 'breathe through your nose,' but I just couldn't!" Stadel explained.

In Stadel's case, Dr. Chilson ordered a CT scan of her sinuses. The results of that scan not only showed her deviated septum, but it also revealed there was a pocket of diseased tissue, which further explained why she was getting sick and never fully recovering. Dr. Chilson's treatment plan for Stadel required more than just the minimally-invasive Balloon Sinuplasty procedure. Stadel would need to be put under anesthesia at St. Margaret's Hospital's operating room so that her deviated septum could be corrected and the diseased tissue removed. Though the Balloon Sinuplasty procedure is typically done in the office, Dr. Chilson also performed the Balloon Sinuplasty to open Stadel's sinus passageways while she was under anesthesia.

Post-operation, Stadel feels like a new person. "Every time I would see Dr. Chilson for a follow-up, I tell him 'you're seriously the best,'"



**“Dr. Chilson made sure I understood everything about my condition and his treatment plan and that I was comfortable with it.”**

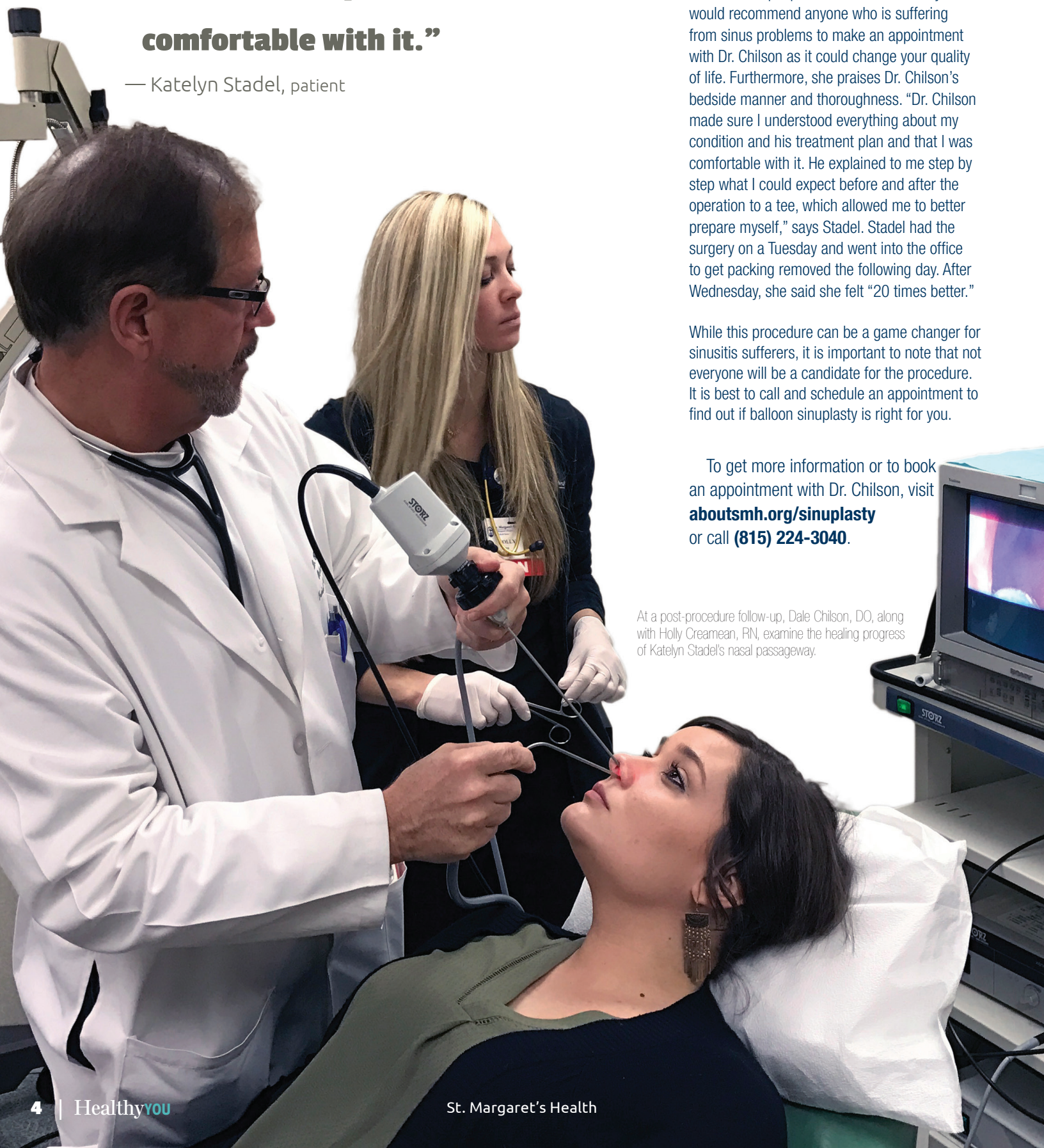
— Katelyn Stadel, patient

says Stadel. Even just a week after her operation, she recalled feeling so different, “That constant sinus ache I had grown used to was gone, and more importantly, I could breathe! When I went in for a follow-up and Dr. Chilson cleared out the nasal passage, I said ‘is this what normal people feel like?’” Stadel says she would recommend anyone who is suffering from sinus problems to make an appointment with Dr. Chilson as it could change your quality of life. Furthermore, she praises Dr. Chilson’s bedside manner and thoroughness. “Dr. Chilson made sure I understood everything about my condition and his treatment plan and that I was comfortable with it. He explained to me step by step what I could expect before and after the operation to a tee, which allowed me to better prepare myself,” says Stadel. Stadel had the surgery on a Tuesday and went into the office to get packing removed the following day. After Wednesday, she said she felt “20 times better.”

While this procedure can be a game changer for sinusitis sufferers, it is important to note that not everyone will be a candidate for the procedure. It is best to call and schedule an appointment to find out if balloon sinuplasty is right for you.

To get more information or to book an appointment with Dr. Chilson, visit [aboutsmh.org/sinuplasty](https://aboutsmh.org/sinuplasty) or call (815) 224-3040.

At a post-procedure follow-up, Dale Chilson, DO, along with Holly Creamean, RN, examine the healing progress of Katelyn Stadel’s nasal passageway.





# EatingHEALTHY

## Best Hummus

10 mins.

### Ingredients:

- 1 (15oz.) can garbanzo beans, drained
- 3 Tbsp tahini
- 2 Tbsp olive oil
- 1 Tbsp fresh lemon juice
- 1/4 cup water
- 3 gloves garlic, crushed
- 1/2 tsp ground cumin (optional)
- 1 pinch paprika
- 1 sprig fresh parsley, chopped

Everywhere you turn, hummus has seemingly taken over the world. While most people have undoubtedly heard about how good hummus is for them, they might not know though, how truly easy and affordable it is to whip up at home.

According to WebMD, chickpeas, the main ingredient in hummus, are packed with protein, the good kind of carbs, and fiber. Chickpeas and other members of the legume family consistently top the list of the world's healthiest foods. Studies have shown that eating more plant-based foods are good for your body; people who make a habit of it are less likely to get certain diseases.

There's plenty of nutrition-packed goodness in every scoop of hummus, but there can also be a lot of calories, so you do need to watch your serving size. Like anything else, you can get too much of a good thing. Finally, while hummus is usually paired with pita bread, try your favorite veggies like cucumber slices, carrots, broccoli, and red pepper wedges. Pretzels or 100% whole-grain pitas can be better options, too.

### Directions:

Place garbanzo beans, tahini, olive oil, lemon juice, water, garlic, and cumin into a food processor and process until smooth, about 1 minute. Transfer to a bowl and sprinkle top of hummus with paprika and fresh parsley.

**Tip:** You can adjust the proportions of the ingredients to taste, depending on how strong you want the flavor to be and how thick you like your hummus. Start with less liquid than you think you might need. You can always add more as you blend it, but if you add too much, you've got a sauce, not a dip.

Once you've got the basic recipe down, feel free to try different taste variations, such as:

- Roasted red pepper
- Jalapeño
- Lemon twist
- Basil pesto/Kale pesto
- Spinach and artichoke
- Rosemary with sea salt
- Roasted garlic
- Sun dried tomato
- Tuscan herb
- Spicy avocado
- Lemon peppercorn

credit: [allrecipes.com/recipe/231081/best-hummus/print/?recipeType=Recipe&servings=32](http://allrecipes.com/recipe/231081/best-hummus/print/?recipeType=Recipe&servings=32)

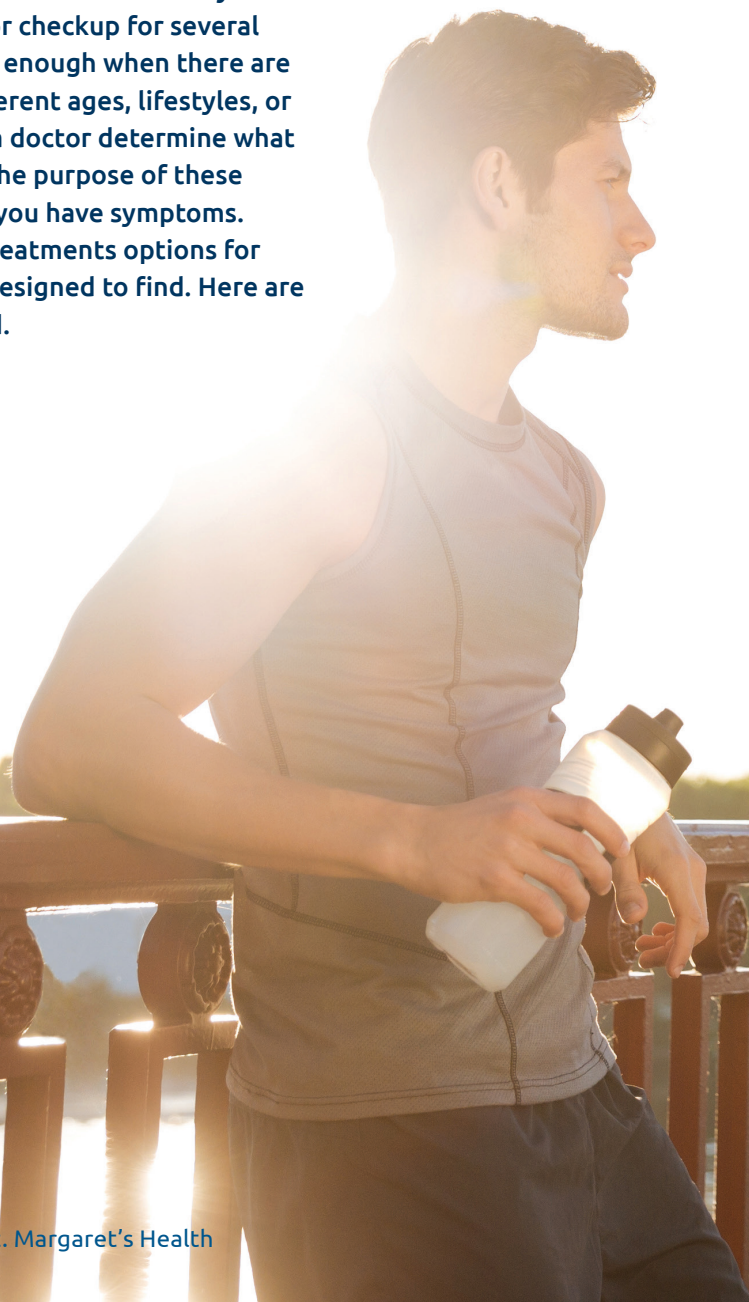
Recommended by  
St. Margaret's dietitians,  
Jennifer Scully, RD, LDN,  
& Katie Kaufman, MS, RD, LDN



# Health Screenings **men** Shouldn't Avoid



An annual checkup with your primary physician is an easy—yet vital—choice for staying healthy. So then why do so many men avoid making the appointment or put it off too long? All too often, men who think they feel healthy will opt to forgo a simple annual physical or checkup for several reasons. However, none of these reasons are good enough when there are critical health concerns that can affect men of different ages, lifestyles, or backgrounds. A routine physical or checkup helps a doctor determine what preventative health screenings are right for you. The purpose of these screenings is to find a disease or condition before you have symptoms. Early detection is often critical when it comes to treatments options for the diseases and conditions these screenings are designed to find. Here are some of the health screenings men shouldn't avoid.





# HealthWATCH

**Prostate Cancer Screening:** Many patients worry about their prostate cancer risk, which is the most common cancer among men after skin cancer. A screening for prostate cancer is recommended for all men between ages 40-45; however, you should absolutely have your first exam by or before you turn 50. A complete screening includes a blood test (PSA) and a rectal exam (DRE). While a rectal exam to detect prostate abnormalities typically is part of a man's physical, the prostate specific antigen test is not recommended for routine prostate cancer screening. This is because patients who do not have prostate cancer may still have elevated levels of a specific enzyme in the blood, which can lead to other invasive and unnecessary tests. So doctors often are careful when deciding which patients should have a PSA.

**Testicular Cancer:** This uncommon cancer develops in a man's testicles, the reproductive glands that produce sperm. Most cases occur between ages 20 and 54. The American Cancer Society recommends that all men have a testicular exam when they see a doctor for a routine physical. Men at higher risk – family history or an undescended testicle – should talk with a doctor about additional screenings. Some doctors advise regular self-exams, gently feeling for hard lumps, smooth bumps, or change in size or shape of the testes.

**Skin Cancer:** The most dangerous form of skin cancer is melanoma. It begins in specialized cells called melanocytes that produce skin color. Older men are twice as likely to develop melanoma as women of the same age. Men are also 2-3 times more likely to get non-melanoma basal cell and squamous cell skin cancers than women are. Your risk increases with lifetime exposure to sun and/or a tanning bed. The American Cancer Society and the American Academy of Dermatology recommend regular skin self-exams to check for any changes in marks on your skin, including shape, size, and color. A skin exam by a dermatologist or other health professionals should be part of a routine checkup. Treatments for skin cancer are more effective and less disfiguring when found early.

**High Blood Pressure:** The risk for high blood pressure increases with age. It's also related to weight and lifestyle. High blood pressure can lead to severe complications without any prior symptoms, including an aneurysm – a dangerous ballooning of an artery. High blood pressure can be treated. When it is treated, you may reduce your risk for heart disease, stroke, and kidney failure. Blood pressure readings give two numbers. The first is the pressure in your arteries when the heart beats. The second is the pressure between beats. Normal blood pressure is less than 120/80. High blood pressure is 135/80 or higher. In between those two readings is called prehypertension. The bottom line is to know your blood pressure and if it's elevated, work with your doctor to manage it.

**Colonoscopy:** The U.S. Preventative Services Task Force says most patients should begin colorectal cancer screening with a colonoscopy at age 50 and undergo the test every 10 years, usually until the age of 75. Other tests may include a Flexible sigmoidoscopy every 5 years or CT colonography (virtual colonoscopy) every 5 years. A doctor views the entire colon using a flexible tube and a camera. Polyps can be removed at the time of the test. Certain lifestyle factors that appear to raise the risk of colorectal cancer include drinking more than two alcoholic drinks per day, obesity, smoking, diabetes, and a high fat diet. The number one way to prevent colorectal cancer is to get screened. If you have colorectal cancer in your family or other risk factors, tell your doctor. You may need screenings at a younger age.

**Glaucoma:** This group of eye diseases gradually damages the optic nerve and may lead to blindness. Irreversible vision loss can occur before people with glaucoma even notice the symptoms. Screening tests look for abnormally high pressure within the eye, to catch and treat the condition before damage to the optic nerve occurs. Eye tests for glaucoma are based on age and personal risk. Under the age of 40, one should get checked every 2-4 years. Ages 40-45 should get checked every 1-3 years. If you are between the ages of 55-64, one should be checked every 1-2 years and every 6-12 months for those who are 65 and up. Talk with your doctor about earlier, more frequent screenings if you fall in a high-risk group, including those with family history of glaucoma, previous eye injury, or use of steroid medications.

**Type 2 Diabetes:** One-third of Americans with diabetes don't know they have it. Uncontrolled diabetes can lead to heart disease and stroke, kidney disease, blindness from damage to the blood vessels of the retina, and nerve damage. When found early, diabetes can be controlled and complications can be avoided with diet, exercise, weight loss, and medications. A fasting blood sugar test, glucose tolerance test, or an A1C all can be used alone or together to screen for diabetes. Healthy adults should have the test every three years starting at age 45. If you have a higher risk, including high cholesterol or blood pressure, you may start testing earlier and more frequently.

**Men, it's time to consider showing strength, wisdom, and leadership in a new way. When tempted to delay a medical visit, think about your value as a provider and a role model. Taking care of yourself enables you to take care of those who mean the most to you. Having an annual checkup or physical and getting the screenings your doctor recommends, could be the difference between life or death.**





# Knowing the Signs & Acting Quickly Can Save a Life —a Story of Success

According to the National Stroke Association, for every minute a stroke victim remains untreated, he or she loses around 1.9 million neurons, which are cells within the nervous system that communicate with other nerve, muscle, or gland cells in the body.

As you can imagine, a person's speech, movement, memory and more can often be negatively impacted by such damage. So what exactly is a stroke and what causes it? The American Stroke Association defines a stroke as "a disease that affects the arteries leading to and within the brain" and "occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts (or ruptures)."

The American Stroke Association further reports that strokes are the 5th leading cause of death and disability in the United States. Knowing the warning signs and symptoms of a stroke is a vital for getting life-saving medical care in time. To recognize the signs and symptoms of a stroke, remember the acronym F.A.S.T.

**FACE:** Face drooping on one side

**ARM:** One leg or arm is weak or numb

**SPEECH:** Slurred speech

**TIME:** Dial 9-1-1 and get to the ALL NEW  
St. Margaret's Emergency Room IMMEDIATELY



Some additional warning signs and symptoms the American Stroke Association teaches people to look for include sudden numbness or weakness in the face, arm or leg (especially on only one side of the body), confusion or difficulty speaking or understanding speech, impaired vision or difficulty seeing in one or both eyes, dizziness, loss of balance or coordination, trouble walking, or onset of a severe headache.

As a stroke survivor, Joanne Sabotta, who works as the System Operations and Administrative Assistant at Illinois Valley YMCA in Peru, knows first-hand the importance of recognizing the warning signs and symptoms of a stroke early. Around the holidays, Sabotta was at work—typing out an email—when her health scare began.

"I blanked out for a few seconds and I didn't know it until I looked at my computer screen and saw that I must have had my finger on the K button," explained Sabotta, who noticed several lines of k's in the email she was drafting. "Then I felt disembodied. I didn't recognize my arm and hand as being mine. I looked down at my hand and it was moving like it was still typing and it terrified me because I really thought that someone had put a fake arm and hand through my chair," she continued. Soon enough, Sabotta realized it was her own arm, but the confusion persisted as her right hand and arm grew to be what she described as "paralyzed." "I then realized with the paralysis, I must be having a stroke, picked up the phone and called John [Sabotta's husband] to come and quickly get me to the hospital," said Sabotta, who further explained that all of this took place over the course of maybe a minute or two.

Sabotta's husband brought her to the St. Margaret's Hospital Emergency Room, which the Illinois Department of Public Health (IDPH) recognizes as an Emergent Stroke Ready Hospital. What does this designation mean? IDPH deems St. Margaret's as capable of providing quality stroke care and assisting in the delivery of care within the State of Illinois. This certification ensures that stroke patients in the Illinois Valley receive the right care, in the safest environment, when it matters most. As an Emergent Stroke Ready Hospital (ESRH), we diagnose, treat and



transport acute stroke patients to a higher level of care if needed. Furthermore, ESRHs must continually authenticate with IDPH their continued compliance with the required ESRH criteria to ensure the hospital satisfies these requirements 24 hours a day, 365 days a year.

The moment she arrived at St. Margaret's Hospital Emergency Room, Joanne knew she was in good hands, stating, "They took me very seriously, the emergency room nurse [Jan Racine, RN] was right on it and got the doctor [Dr. Williams Sullivan], in there immediately and they both acted so fast." Joanne further recalled that she barely knew she was being "poked and prodded" as they kept her busy with questions that she remembers were becoming increasingly more difficult to answer. Despite the results of her CAT scan showing nothing, Dr. Williams consulted with the medical staff in Peoria before administering a TPA shot and facilitating the transporting of Sabotta to Peoria.

Sabotta ended up staying the night in Peoria, but was released the next day. "The doctors were very impressed with how well I was doing. I knew how lucky I was, believe me. The paralysis was almost gone by the time I left," explained Sabotta. All the tests Sabotta had done to determine what had caused the stroke came back normal, so no one is sure what exactly caused the stroke to take place. However, they suspect it was either a blood clot or a piece of plaque that broke off and went to the brain. Sabotta's heart specialist plans on putting a chip in her chest to keep track of her heart beat, since all the tests came back normal.

Some of the challenges Sabotta said she had to overcome while recovering were "extreme mental foggy" and "an almost paralyzing fear" that after she got home that it would happen again and this time she wouldn't make it. She was able to return to work and can go about her day as usual, aside from a few small problems with her right arm. The brain foggy she was experiencing just after the incident has since gone as well. She is extremely lucky to be alive and she knows it. Having had time to reflect, Sabotta explained that while it's frustrating that she had already made so many

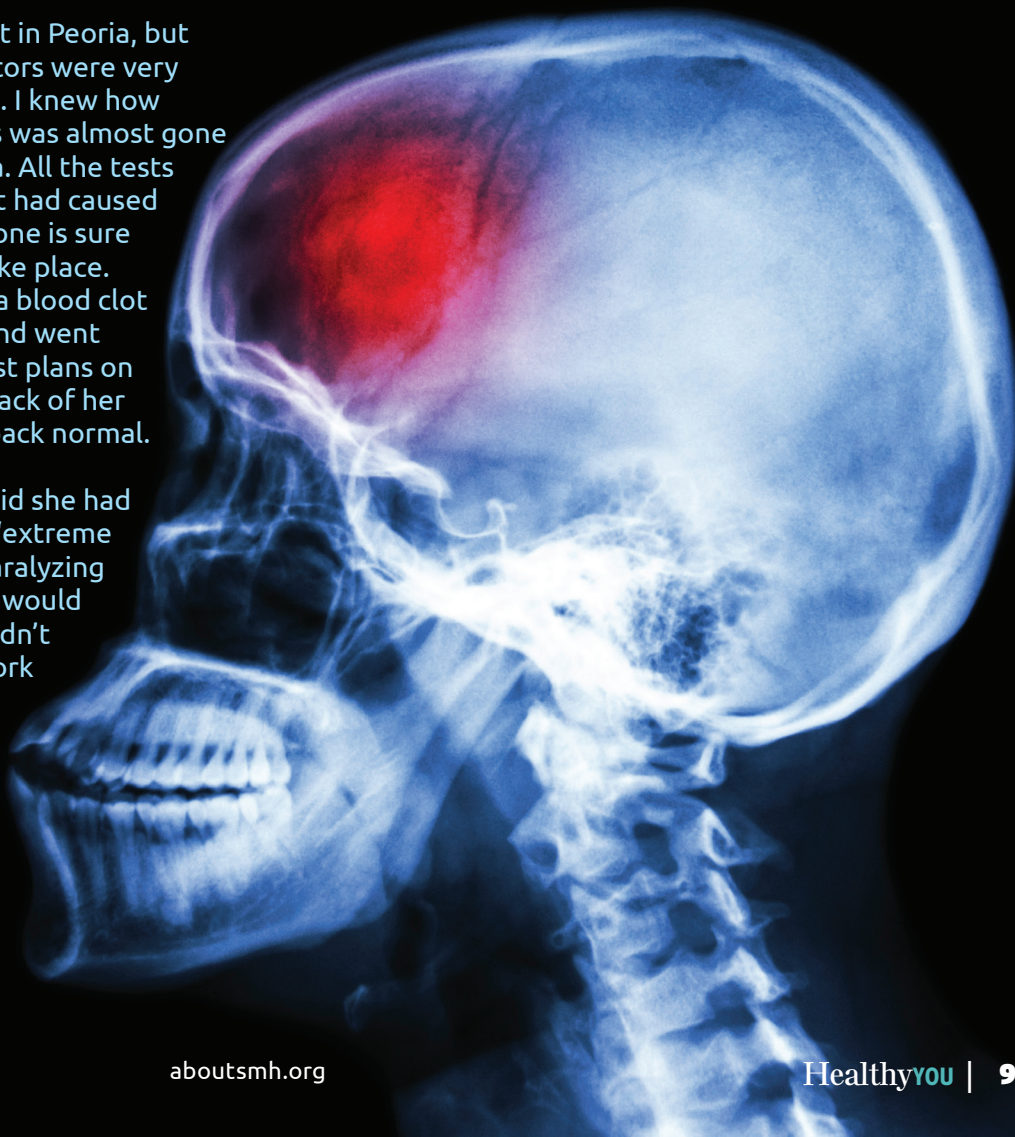
lifestyle changes prior to the stroke in an attempt to avoid something like this happening, she chooses to look at it like this: "Where would I be if I hadn't lost 75 pounds, been exercising, and watching what I eat? I could be dead, in a wheelchair, or in a nursing home."

**"Where would I be if I hadn't lost 75 pounds, been exercising, and watching what I eat? I could be dead, in a wheelchair, or in a nursing home."**

— Joanne Sabotta, *stroke survivor*

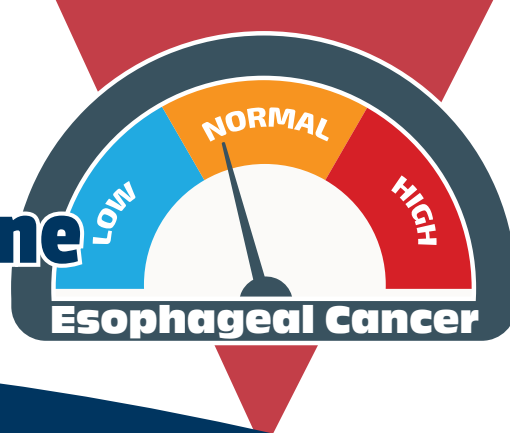
Sabotta is absolutely right. The lifestyle changes she made prior to her stroke were all good choices. According to the American Stroke Association, preventing or regulating blood pressure, eating healthy, getting good sleep, staying physically active, losing weight, quitting smoking and controlling blood sugar and cholesterol are all ways you can help prevent a stroke, dementia or memory loss. Prevention is important, but as Joanne Sabotta's story shows,

it's also important to know the early warning signs and symptoms and get help fast. If you recognize the signs of a stroke, call 9-1-1 immediately and get to the Emergent Stroke Ready Emergency Room at St. Margaret's Hospital.





# April is Esophageal Cancer Awareness Month: Are You or a Loved One at Risk?



**In 2017, the American Cancer Society estimates that nearly 16,940 adults will be diagnosed with esophageal cancer, which is cancer of the esophagus. Furthermore, with the disease being “3 to 4 times more common among men,” 13,460 of those diagnosed this year will likely be men. Nonetheless, this form of cancer can affect both men and women and as with most cancers, early detection and prevention is important.**

To better comprehend esophageal cancer, it is helpful to first understand the anatomy and regular workings of the esophagus. As defined by the American Cancer Society or Cancer.org, “the esophagus is a hollow, muscular tube that connects the throat to the stomach. It lies behind the trachea (windpipe) and in front of the spine. Food and liquids that are swallowed travel through the inside of the esophagus (called the lumen) to reach the stomach.” Additionally, the esophageal wall is made up of layers which are key in knowing where esophageal cancer often emerges and in what way it develops.

As further outlined by the American Cancer Society, esophageal cancer “starts in the inner layer (the mucosa) and grows outward (through the submucosa and the muscle layer).” Moreover, there are two kinds of cells that can be found along the lining of the esophagus, which is why there are two primary forms of esophageal cancer—adenocarcinoma and squamous cell carcinoma. Each of these types requires different treatment.

Forming in the cells of the esophageal glands that are responsible for releasing mucus, adenocarcinoma (the more common occurring esophageal cancer in the US), usually develops further down in the esophagus. Squamous cell carcinoma, on the other hand, more often affects the lining of the esophagus and typically begins in the mid-section of the esophagus.

As with most cancers, early detection of esophageal cancer usually gives a patient more treatment options. Unfortunately, esophageal cancer is usually only found

when symptoms have already begun and the presence of symptoms normally do not take place until the cancer has already reached a more advanced stage and is harder to treat. Per the American Cancer Society, “the most common symptom of esophageal cancer is a problem swallowing, with a feeling like the food is stuck in the throat or chest, or even choking on food.” The word that is used to refer to this symptom is dysphagia and symptoms typically start out mild and get progressively worse as the esophagus passageway becomes thinner. Other symptoms of esophageal cancer include chest pain or discomfort, weight loss due to swallowing issues, hoarseness, prolonged cough, vomiting, hiccups, pneumonia, bone pain, and a bleeding esophagus (normally discovered by noting black, tarry stools).

The main risk factors that can increase a person’s chances of getting esophageal cancer include gastroesophageal reflux disease (GERD), Barrett’s Esophagus (a serious complication of GERD), tobacco and alcohol use, obesity, injury to the esophagus, a diet low in fruits and vegetables, and workplace exposures. It is important to consider these risk factors since many of them can be avoided with certain lifestyle changes. While it is impossible to entirely prevent cancer, lowering your risk by making healthy lifestyle changes is often advised. Be sure to talk to your doctor before changing your diet.

If esophageal cancer is suspected, there are exams and tests performed that will confirm a diagnosis. Once the diagnosis is made, an additional test would be done to determine the stage of cancer, which will impact the treatment plan. Treatment options for esophageal cancer include: surgery, radiation, chemotherapy, targeted therapy, and endoscopic procedures. The stage of the cancer, along with the overall state of a patient’s health, helps the doctor determine whether certain treatment options will be used on their own or in conjunction with others.





*Pictured: Dr. Geetha Dodda (right), nurse Mary Troglio (center) and Andy Miller, territory manager of Covidien, perform an ablation therapy. The procedure is meant to destroy precancerous or damaged cells often caused by chronic GERD.*

## Prevent Esophageal Cancer Before It Begins

At St. Margaret's Hospital, the highly trained staff of the Esophageal and Colon Cancer Prevention Center uses advanced technology to perform gastrointestinal procedures developed to prevent cancer from forming. The St. Margaret's Hospital Special Procedures Department works with caring, thoughtful physicians that

**“Over the last 20 years of practice, we have seen better esophageal and colorectal cancer diagnostic ideas and education. I am very proud to be a Board Certified gastroenterologist and prouder yet to be serving the Illinois Valley area. I chose this field because it is one area of medicine that truly prevents cancer.”**

— Geetha Dodda, MD

include gastroenterologists Geetha Dodda, MD, Edward Doran, MD, and Ram L. Goel, MD, in addition to Robert S. Wojcik, MD. All perform gastrointestinal procedures. In addition, Gregory J. Arnold, MD, and Vincent Tello, MD, of the St. Margaret's Spring Valley Pain Clinic work to provide pain management.

The Barrx Medical HALO system is an innovative piece of technology used to perform the outpatient procedure radiofrequency ablation (RFA). According to Dr. Dodda, “RFA, or the burning and removing of precancerous tissue, takes about four sessions and is followed by surveillance endoscopy.” She further adds that “like any endoscopy procedure, there are side effects such as, sedation-related hypoxia (deficiency in the amount of oxygen reaching the tissue) and bleeding, as well as, specific RFA related

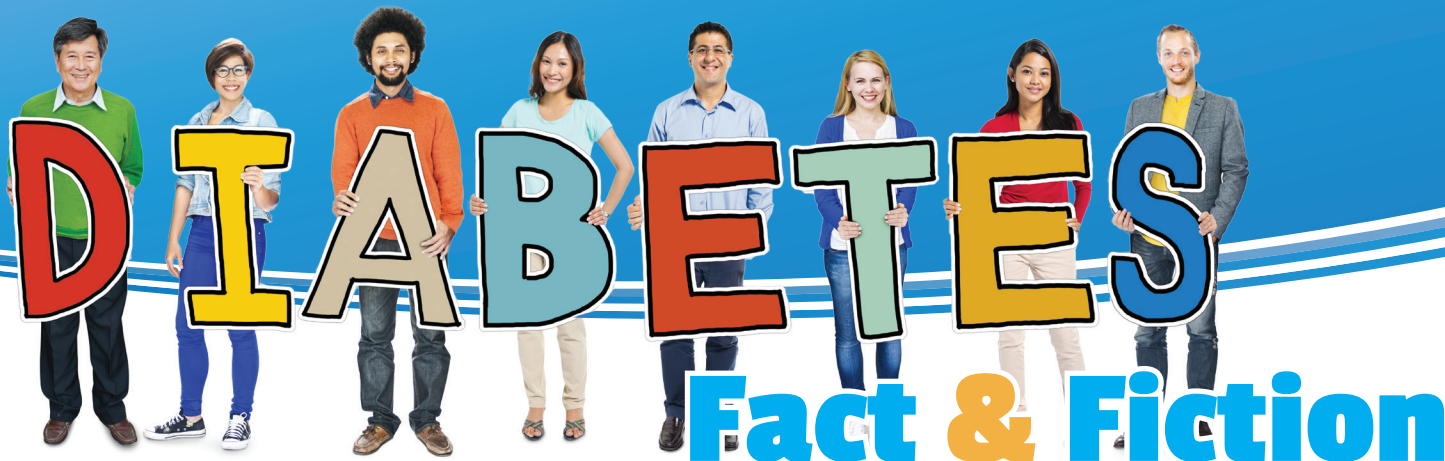
chest pains (burning sensation).” Dr. Dodda recommends endoscopy for all symptomatic persistent GERD patients and notes that medication is important to take post treatment for chest pain.

While treatment for Barrett's used to involve a “watch and wait” approach, St. Margaret's now uses Barrx Medical HALO system to pro-actively remove the damaged areas caused by the disease without injury to the underlying tissue. St. Margaret's is currently the only facility in a 60-mile radius that offers this procedure. “Esophageal cancer is preventable so act now,” urges Dr. Dodda.

For more information on the esophageal cancer prevention procedures, treatment for esophageal cancer, or to schedule an appointment, call **(815) 664-1440** or visit **[aboutsmh.org/gastrointestinal-health](https://aboutsmh.org/gastrointestinal-health)**







# DIABETES

## Fact & Fiction

According to the American Diabetes Association (ADA) in 2012, over 29 million Americans, 9.3% of the population, had diabetes. That number does not include the cases determined as "prediabetes", which was said to be up to 86 million Americans aged 20 or over in 2012, which was up 7 million from just two years earlier. At any given time, over one-third of those with diabetes are unaware that they have the disease.

In a general sense, diabetes is a number of diagnoses that involve problems with the hormone insulin. As a normal function, the pancreas automatically releases insulin to help the body store and use the sugar and fat broken down from food. Diabetes occurs when one of the following occurs:

- When the pancreas does not produce any insulin
- When the pancreas produces very little insulin
- When the body does not respond appropriately to insulin, a condition called "insulin resistance"

Insulin is clearly an important aspect of this disease. When a person eats or drinks, the food ingested makes its way through the system and is broken down into fuel for the millions of cells in the human body. This simple sugar food source is known as glucose. This glucose is transported through the bloodstream to cells and used to provide energy for daily activities.

The amount of glucose in a person's bloodstream is tightly regulated by the hormone insulin, which is always being released in small amounts by the pancreas. When the amount of glucose rises, the pancreas releases more insulin. When the amount of glucose gets low, the body will signal hunger and releases some glucose from storage kept in the liver.

There are several different types of diabetes, with the most common being type 1 and type 2. Type 1 diabetes occurs because the insulin-producing cells are destroyed

by the immune system. People with type 1 produce no insulin at all and must use injections to control their blood sugar. Type 1 most commonly starts in young people under the age of 20, but can occur at any age.

Those with type 2 diabetes do produce insulin; however, it is usually not enough or the body is resistant. Type 2 is the most common form of diabetes and is most often the one that can be prevented. Also, the condition of prediabetes can be detected when blood sugar levels are higher than normal, but not high enough for a type 2 diagnosis. Being diagnosed with prediabetes does not mean that the patient will automatically get type 2 diabetes. The American Association of Diabetes Educators reinforces that some people can manage their type 2 diabetes by controlling their weight, watching their diet, and exercising regularly.

The ADA agrees that the following symptoms of diabetes are typical; however, those with type 2 may have symptoms that go unnoticed, such as:

- Urinating often
- Feeling very thirsty
- Feeling very hungry
- Extreme fatigue
- Blurry vision
- Cuts and bruises that are slow to heal
- Weight loss
- Tingling, pain, or numbness in hands and/or feet

There are several ways to test for diabetes with the help of your physician or through a general screening with a follow-up appointment. The most common test is a Fasting Plasma Glucose test, which checks your fasting glucose levels with a small finger stick. This test is usually performed first thing in the morning before breakfast, but does not have to be. St. Margaret's performs this test with immediate results at free screenings throughout the community each month. **See the schedule on the next page.**



If diabetes goes undiagnosed or if the patient fails to get it under control, it can ultimately take a toll on nearly every organ in the body. Patients are twice as likely to have heart problems and strokes as those who don't have diabetes. In extreme cases, blood vessel and nerve damage can also lead to amputations. If not treated, diabetes can also lead to eye problems, such as glaucoma, cataracts and diabetic retinopathy. It is also the leading cause of kidney failure in adults in the United States. Over time, diabetes can also put patients at a higher risk for gum disease.

Even small lifestyle changes can help the fight against developing diabetes. But the most important ways to slow diabetes complications are to keep blood sugar levels under control, eat right, exercise, avoid smoking, and get high blood pressure and high cholesterol treated. "With the correct treatment and recommended lifestyle changes, many people with diabetes are able to prevent or delay the onset of complications," the ADA confirms.

St. Margaret's also has options for those who have been recently diagnosed with diabetes. The Diabetes Education Program helps patients achieve better metabolic control, improve lipid levels, reduce blood pressure, develop self-management skills and meet follow-up care guidelines. This program is accredited by the American Association of Diabetes Educators and is provided by a team of professionals who possess extensive knowledge of and experience in prediabetes, diabetes prevention, and management. This program helps patients to:

- Learn basic information about diabetes and diabetes management
- Understand how to use diabetes devices, such as blood glucose meters, insulin pens, insulin pumps, and continuous glucose monitors
- Adopt healthy eating habits through nutrition education, including meal-planning, weight-loss strategies, and other disease-specific nutrition counseling
- Develop problem-solving strategies and skills to self-manage diabetes
- Monitor blood glucose and learn how to interpret and appropriately respond to the results
- Understand how their medications work, including the action, side effects, efficiency, toxicity, prescribed dosage, and more
- Develop skills for managing stressful situations and trouble shooting

This is a Medicare-approved program and all other insurance companies must be pre-approved to determine coverage.

**For more information on the Diabetes Education program, please talk to your physician or contact Deanna Davis, Diabetes Education Coordinator, at (815) 664-1501.**



## FREE Blood Pressure & Blood Sugar Screenings

LIBERTY ESTATES (PERU)	
1st Tuesday/Every month	9:30-11 a.m.
NORTH CENTRAL BANK (LADD)	
1st Wednesday/Every month	10-11 a.m.
NORTH CENTRAL BANK (HENNEPIN)	
1st Thursday/Every month	8:30-10 a.m.
DEPUE LIBRARY	
2nd Tuesday/Every month	8:30-9:30 a.m.
PUTNAM CO. SENIOR CENTER (STANDARD)	
2nd Tuesday/Every month	10-11:30 a.m.
PRINCETON SENIOR CENTER	
3rd Wednesday/Every month	11- Noon
OGLESBY LIBRARY	
3rd Thursday/Every month	10:30-11:30 a.m.
YMCA (PERU)	
4th Tuesday/Every month	8:30-10 a.m.



# ovarianCANCER

*what you need to know*



The American Cancer Society (ACS) estimates that in the United States in 2017, about 22,440 women will receive a new diagnosis of ovarian cancer and about 14,080 women will die from it. Studies do show though, the rate at which women are diagnosed has been slowly falling over the past 20 years. However, ovarian cancer still ranks fifth in cancer deaths among women—accounting for more deaths than any other cancer of the female reproductive system. A woman's risk of getting ovarian cancer during her lifetime is about 1 in 75.

According to the ACS, ovarian cancer starts when cells in the ovaries begin to grow out of control, though some feel the cells may also arise from within the fallopian tubes as well. However, ovarian cancer often isn't diagnosed until it has spread to other places in the body. The ovaries are the main sources of the female hormones estrogen and progesterone and are made up of three kinds of cells. Each type of cell can develop into a different type of tumor.

Epithelial tumors start from the cells that cover the outer surface of the ovary. Most ovarian tumors are epithelial tumors. Germ cell tumors start from the cells that produce the eggs. Stromal tumors start from the structural tissue cells that hold the ovary together and produce the estrogen and progesterone.

Most tumors found in the ovaries, no matter which type, are determined to be benign, don't spread, and usually don't lead to serious illness. Sometimes, a mass is found to be an ovarian cyst, which is a collection of fluid inside an ovary. Most ovarian cysts occur as a normal part of the process of ovulation and usually go away within a few months without any treatment. An ovarian cyst can be concerning in a female who is not ovulating and may require more testing. Most times, the only way to determine if a tumor, cyst, or mass within the ovaries is cancerous is to perform surgery. No matter what the outcome may determine, hearing any of these initial words and phrases can be nerve-wracking.

The ACS informs that ovarian cancer may cause several signs and symptoms, but they most often appear once the cancer has spread.

#### The most common symptoms include:

- Bloating
- Pelvic or abdominal pain
- Trouble eating or feeling full quickly
- Urinary symptoms such as urgency (always feeling like you have to go) or frequency (having to go often)

The ACS goes on to explain, "These symptoms are also commonly caused by benign (non-cancerous) diseases and by cancers of other organs. When they are caused by ovarian cancer, they tend to be persistent and represent a change from normal. For example, they occur more often or are more severe. If a woman has these symptoms more than 12 times a month, she should see her doctor, preferably a gynecologist."

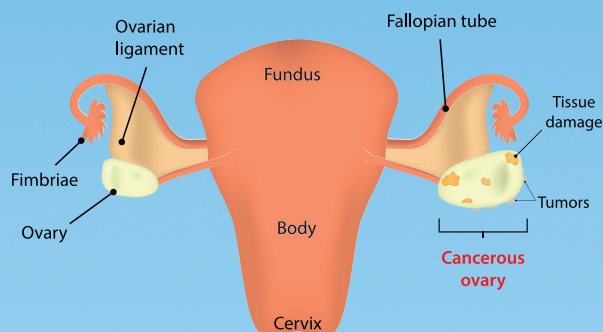
#### Other symptoms can include:

- Fatigue
- Upset stomach
- Back pain
- Pain during sex
- Constipation
- Menstrual changes
- Abdominal swelling with weight loss

However, it is important to note that these symptoms are more likely to be caused by other conditions and do not always indicate the presence of cancer. About 20% of ovarian cancers are found at an early stage and there is a very good success rate for those. The ACS stresses that "screening tests and exams are used to detect a disease like cancer in people who don't have any symptoms. There has been a lot of research to develop a screening test for ovarian cancer, but there hasn't been much success so far. Researchers continue to look for new tests to help diagnose ovarian cancer early, but currently there are no reliable screening tests."

A risk factor is defined as anything that changes your chance of getting a disease like cancer. Different diseases have different factors, but they do not necessarily mean that you will get the disease. A few of the risk factors associated with ovarian cancer as identified by the ACS are age, obesity, reproductive history, hormone therapy, family history, gynecologic surgery, and more. Most women have one or more risk factor, but most of the common factors only slightly increase your risk.

#### Ovarian Cancer





**The risk of developing ovarian cancer gets higher with age and is rare in women younger than 40. Most ovarian cancers develop after menopause and are found in women 63 years of age or older.**

**Various studies have looked at the relationship of obesity and ovarian cancer. A correlation has been found that obese women - those with a body mass index of at least 30 - have a higher risk of developing ovarian cancer.**

**Women who have been pregnant and carried to term before the age of 26 have a lower risk of ovarian cancer than women who have not. The risk goes down with each full-term pregnancy. Women who have their first full-term pregnancy after age 35 or who never carried a pregnancy to term have a higher risk of ovarian cancer.**

**The ACS also recognizes that some recent studies suggest women using estrogens after menopause have an increased risk of developing ovarian cancer. The increased risk is less certain for women taking both estrogen and progesterone.**

**Ovarian cancer can be genetic and the risk is increased if your mother, sister, or daughter has or has had ovarian cancer. Increased risk can also come from the father's side. A family history, such as colorectal and breast cancer, is linked to an increased risk as well.**

**There are also some medications and surgical procedures that could reduce your risk of developing ovarian cancer by up to 50% in some cases. Talk to your doctor for more information regarding these findings.**

If during a physical exam your physician determines that more testing is needed, you may have a consultation with a gynecological oncologist and some diagnostic tests will be ordered. After the imaging tests are done, and diagnosis and staging is completed, your care team will recommend one or more treatment options. The main treatment options are surgery, chemotherapy, hormone therapy, targeted therapy, and radiation therapy. The choice of treatment depends largely on the type and stage of the disease. It is important to discuss all treatment options with your family and medical care team.

The most important thing is to know your own body and what feels normal or abnormal. It is also important to remember that while it is not known what causes ovarian cancer, success rates increase with early detection.

**To discuss this further or for more information, please contact your general physician, OB/GYN, or call (815) 664-5311 for assistance.**







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