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HEALTH SCENE®

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YOU CAN DO IT

No topic is taboo when talking to your doctor

It's OK to declare "TMI" when your office mate starts to share the intimate details of his Saturday night date. But when it comes to divulging personal particulars to your doctor, it's a much different story: More is always going to be better.

In fact, research shows that patients who communicate openly and honestly with their doctors—about even the most sensitive subjects—enjoy better health. In other words, you get the best care if you share.

BEEN THERE, HEARD THAT Yet even when your health is at stake, words like *incontinence*, *impotence* or *sexually transmitted infection* may not come tripping off your tongue. And it's understandable that you might hesitate to open up about topics such as alcohol or illegal drug use.

However, you need to know that doctors discuss issues like these all the time. You're not going to shock or upset your doctor if you talk truthfully about your personal behaviors and concerns. In fact, you'll be helping your doctor help you.

TIPS FOR TALKING Here are a few ideas for bringing up touchy topics and getting the conversation going:

Draw from experts. Find print information or images from the Internet that describe your problem. You can give them to your doctor as a way to introduce the subject.

Rely on the written word. Write down the details of your health problem and your symptoms on a piece of paper. Present this to your doctor at the beginning of your visit.

Find an advocate. If you've confided in a family member or friend, ask that person to come with you to the doctor and help you talk about the problem.

Your visit will go more smoothly if you also have a copy of your health history and a list of all the medications—both prescription and over-the-counter—and vitamins that you currently take. You might also bring written questions for the doctor. That way you'll be sure to stay focused and get all the information you need—even if you're feeling embarrassed.

A BETTER BACK-AND-FORTH It often takes time to build a good relationship with your doctor, and it's a team effort. But once your partnership is in place, you'll find that sensitive topics can become a normal part of the conversations you share.

Sources: Agency for Healthcare Research and Quality; American Academy of Family Physicians; National Institute on Aging

CEO LINK



JUST WHEN YOU thought construction was over at the hospital, you'll notice two new projects that are currently underway.

A brand-new clinic will be taking shape on the south side of the building, in an area formerly occupied by a covered parking area. This project will bring most of our specialty physicians together in one space, with a separate entrance and dedicated parking.

Our radiology, or imaging, services are undergoing a major makeover as well. They have outgrown their current space, and it wasn't very efficient or attractive. They will be moving closer to the main lobby and improving their services with new equipment, like a new MRI. Look for both of these projects to be completed this fall.

And our new long-term care center is finally under construction, with a completion deadline of spring 2015.

Andy Fitzgerald
Andy Fitzgerald, CEO

Need a doctor to talk to? Go to www.ccmh.net and choose "Find a Doctor" to find a physician who's right for you.

SMART CHOICES

HELP KIDS MAKE THEM

AS A PARENT, you do your best to protect your kids and teach them right from wrong. But you know that at some point, they are probably going to face peer pressure to try something or do something that's not good for them.

Peer pressure isn't always bad. Sometimes it can actually push kids in the right direction—to join a new sport or try out for the school play, for instance.

It's the other kind of pressure—the kind that causes kids to try drugs or alcohol or engage in other risky behaviors—that can keep parents up at night with worry.

Your child may not be able to avoid peer pressure, but you can help him or her prepare for it. Here's how.

Talk about the dangers. Ask what your child knows and thinks about issues like drinking, smoking or taking drugs. Point out the consequences of poor decisions, such as addiction and bad health. And set clear rules and expectations for your child regarding these behaviors. Start the conversation when your child is still in grade school—and (hopefully) before he or she has been pressured to experiment.

Also, steer your child away from television programs, video games, movies and music that make these activities seem fun or glamorous.

Practice saying no. Help your child plan and practice ways to say no in pressure-filled situations. From the



simple “no, thanks” to the tried-and-true “I can't—my parents would kill me,” it will help if your child has an answer or two rehearsed and ready to go.

Model smart choices. It's true: Your actions will always speak much louder than your words. If you want your child to avoid bad habits, you'd better set that good example yourself.

Build a strong foundation. Your child's very best defense against peer pressure is a healthy sense of confidence and self-esteem.

Help your child build and strengthen those defenses: Offer praise for a job well done; spend time together as a family; surround your child with positive, uplifting people; and help your child find activities (sports, hobbies, clubs) where he or she can excel and cultivate a sense of accomplishment.

These steps will help instill positive values in your child, which can help him or her make the smart choice—even when you're not around to see it.

Sources: American Academy of Pediatrics; Centers for Disease Control and Prevention





CAR SEATS

Which one is right for your child?

Using a car seat to keep your child safe—that's a no-brainer. Picking the right seat for your child—that's a bit more complicated. Experts will tell you the best seat is one that fits your child and your car, is properly installed, and is used every time you drive. Finding the proper fit requires taking into account your child's age, height and weight.

For example, most children under 2 should ride in rear-facing seats. But many of these seats have a weight limit of 40 pounds for the rear-facing position. So if your 2-year-old weighs 45 pounds, then you need to move to a forward-facing seat position. However, if your child turns 2 and still only weighs 30 pounds, then you should keep your child rear-facing well past his or her second birthday.

You see how this can get a bit tricky? The list and chart below offer some basic information on car seats to help you get started. Safe Kids Campbell County provides free car seat checks by appointment. Call 307-688-SAFE (307-688-7233) to schedule.

TYPES OF SEATS	AGE GROUP	TYPE OF SEAT RECOMMENDED	GENERAL GUIDELINES FOR USE
<p>■ Rear-facing only. These are the smallest-size car seats. They often have carrying handles and a base that stays in the car with a seat that clicks in and out of it. This type of seat has a harness and will protect an infant's neck and back in a crash.</p>	 <p>Infants/toddlers</p>	<p>■ Rear-facing only ■ Rear-facing convertible ■ All-in-one</p>	<p>For children from birth to 2 years of age or until they reach the highest weight or height allowed by the seat's manufacturer.</p>
<p>■ Rear-facing convertible. These seats can be used as rear-facing seats and then turned around to become forward-facing as a child grows.</p>	 <p>Toddler/preschooler</p>	<p>■ Rear-facing convertible ■ Forward-facing only ■ Forward-facing convertible ■ All-in-one</p>	<p>For children about 2 years of age or older who have outgrown the weight or height limit for their rear-facing car seat.</p>
<p>■ Forward-facing only. Manufacturers no longer make these seats, but some are still being used.</p>	 <p>School-age children</p>	<p>■ All-in-one ■ Booster seats</p>	<p>For children who have outgrown (weight or height) their forward-facing seat but do not yet fit properly under a seat belt, up to age 9.</p>
<p>■ Forward-facing convertible. This type of seat changes from a forward-facing seat to a booster seat. A harness and tether system holds a child in place and limits forward movement during a crash.</p>	 <p>Older children</p>	<p>■ Lap and shoulder seat belts</p>	<p>For children age 9 and older who have met state height and weight requirements. Read the full regulations at www.cmh.net/SAFEKIDS.</p>

Sources: American Academy of Pediatrics; Centers for Disease Control and Prevention

FEATURE

The beat goes on



What's troubling your ticker? Often, that crucial question lies at the heart of why your doctor might want you to have certain cardiac tests—especially if you're having chest pain, shortness of breath or other symptoms of a possible heart problem. ♦ A variety of tests can reveal why your heart may be not be functioning as well as it should be. The chart that follows explains some common ones.

5 tests that detect heart disease

THE TEST	HOW IT'S DONE	WHY IT'S DONE
1 Echocardiography	This test uses sound waves and their echoes to make moving pictures of your heart—much like the ultrasound exams many women have when pregnant. In most cases, the sound waves are sent from a handheld device placed over your chest.	Your doctor might need information about the size, shape and function of your heart. For example, the test can show how well your heart is pumping. So it might be used if you have signs or symptoms of heart failure. Or a doctor might want to know, among other things, if your heart's valves are working properly or if your heart is thick or enlarged.
2 Electrocardiogram (EKG or ECG)	Up to 12 electrodes (soft, sticky pads) are placed on the skin of your chest, arms and legs. They record your heart's electrical signals while you rest. Or, since some heart problems occur only at certain times, you might wear a portable version of this device, called a Holter or event monitor, while you go about your day.	Your doctor may use it to help detect problems ranging from damage caused by past heart attacks to an arrhythmia, in which your heartbeat is too fast, too slow or irregular. A pounding or fluttering heartbeat are some signs that may suggest a problem with your heart's rhythm or rate.
3 Stress test	Your heart is checked while you exercise on a treadmill or stationary bike. This gets your heart working harder. If you can't exercise, you may be given a medicine that makes your heart beat as though you were exercising.	Some problems are easier to detect when your heart is working harder. For one, during exercise, clogged arteries may not be able to meet the heart's increased need for oxygen-rich blood. That's why, for example, your doctor might suggest a stress test to learn why you have chest pain or shortness of breath when you do physical activities.
4 Cardiac catheterization	For this procedure, your doctor inserts a thin bendable tube (catheter) into a blood vessel in your arm, groin or neck. Next, he or she guides this catheter to an artery in your heart. All of this typically takes place in what's called the hospital's cath lab.	Cardiac catheterization is commonly used to evaluate chest pain and to set the stage for its treatments. Once the catheter is in place, your doctor can perform x-ray tests to look for narrowed heart arteries. He or she can even treat those arteries through the catheter by inflating a tiny balloon at the site of the blockage. This widens the artery, allowing more blood to reach your heart.
5 Coronary angiography	During cardiac catheterization, your doctor may decide to take x-ray pictures of inside your heart. Through the catheter, the doctor injects a dye that travels through your bloodstream to the coronary arteries, which supply blood to your heart. The dye makes the inside of these arteries show up on the x-rays.	Angiography can show if fatty buildup is clogging your heart arteries. This can cause a heart attack or chest discomfort called angina. It may also be needed to follow up on results from one of the other cardiac tests.

Sources: American Heart Association; National Heart, Lung, and Blood Institute

Gillette's new cardiologists

The highly anticipated opening of Campbell County Clinics, Cardiology is slated for this month. In addition to the clinic, Campbell County Memorial Hospital (CCMH) will have its very first cardiac catheterization lab and the ability to perform procedures like cardiac catheterization (see the chart below). The Cardiac Cath Lab will open later this spring.

Sairav Shah, MD, FACC



Dr. Shah attended medical school at the Indiana University School of Medicine and completed his cardiology residency at Tulane University. He has a fellowship in cardiology from the

Mayo Clinic in Arizona and a fellowship in interventional cardiology from the University of Arizona. He is board-certified in cardiovascular disease.

Nicholas J. Stamato, MD, FACC



Dr. Stamato received his medical degree at the State University of New York in Syracuse. He completed fellowships in cardiac pacing, cardiovascular disease and cardiac

electrophysiology. He is board-certified in interventional cardiology and cardiovascular disease.

"We are very pleased to welcome these two outstanding physicians to our community," says Andy Fitzgerald, CEO of CCMH. "The addition of cardiology and cardiac catheterization will allow more Campbell County residents to get the care they need right in our community."

To make an appointment with one of our new cardiologists, call Campbell County Clinics, Cardiology at 307-688-3700 or visit www.ccmh.net/HEART.

CAMPBELL COUNTY MEMORIAL HOSPITAL DEDICATED TO CARING FOR YOU



We want to know what you think

We want to know what you think about Campbell County Memorial Hospital's (CCMH) clinics, providers and services. Visit www.ccmh.net/SURVEY to take a short survey and we'll treat you to a cup of your favorite beverage in the CCMH Coffee Shoppe. It takes only about five minutes to complete, and we'll use the information to learn how we can improve our service to you.



Bone health by the numbers

Wondering why and how to take care of your bones? A few facts and figures can help answer those questions.

The why 40: The age at which most people slowly begin to lose bone mass.

48 million: The number of Americans age 50 and older with low bone mass. This condition puts people at risk for the bone-thinning disease osteoporosis.

9 million: The number of Americans age 50 and older with osteoporosis, which can cause bones to become weak and fragile.

80 percent: The portion of people with osteoporosis who are female.

The how 1,200 milligrams (mg): The amount of calcium a woman 51 or older should consume daily to keep bones strong. Men are also at risk for osteoporosis. They need 1,000 mg of calcium a

day from ages 51 to 70. After age 70, they need 1,200 mg daily. Low-fat dairy products have calcium. It's also found in leafy green vegetables and almonds.

600 international units (IU): The amount of vitamin D needed for healthy bones in men and women ages 51 to 70. At age 71, that amount jumps to 800 IU per day. Salmon and tuna contain vitamin D. So does vitamin D-fortified low-fat milk.

30 minutes: The minimum amount of physical activity adults should get each day to help maintain a strong skeleton. Start with weight-bearing exercise, like walking or playing tennis. Then mix in balance and strengthening exercises, such as weightlifting.

0: The number of cigarettes you should be smoking if you want to lower your risk for osteoporosis.

Sources: American Academy of Orthopaedic Surgeons; National Institutes of Health; National Osteoporosis Foundation

THE BIG CHILL AND ASTHMA

If you have asthma, winter may not be very kind to you. Here's why:

Changing weather

■ Cold, damp, windy and stormy weather can trigger asthma symptoms.



Circulating colds and flu

■ Both of these viruses are more common in the winter, and both can cause severe attacks in people with asthma.

Belching furnaces

■ When the furnace goes on, it can blow dust and mold—two common asthma triggers—throughout the house.



What you can do to reduce your risk of an asthma attack in the winter:

- Cover your nose and mouth with a scarf on cold and windy days.
- Get a flu shot.
- Wash your hands often to help avoid other people's cold and flu germs.
- Take steps to reduce dust and mold in your home.

Be prepared:

- Always have your rescue inhaler with you in case you do have an asthma attack.

WANT TO KNOW MORE?

Follow us on Facebook and Twitter to get the latest news about CCMH. See what our employees have been up to, and follow our blog, *CCMH Connect*, for a weekly entry from CEO Andy Fitzgerald. Or sign up for one of our email newsletters: *Healthy Highlights*—timely information and health tips; *Coffee Shoppe*—featured beverages and monthly menu in the CCMH Coffee Shoppe; or *OB GYN Specialists*—a brand-new newsletter with information for women at all stages of life.



Twitter: @CCMH_WY



Facebook: www.Facebook.com/CCMHWy

Coffey infographic with information from Allergy and Asthma Foundation of America; American College of Allergy, Asthma and Immunology; American Lung Association; National Institutes of Health

CAMPBELL COUNTY CLINICS

- 4 Ear, Nose & Throat/Audiology 307-688-4368
- 1 Behavioral Health Services...307-688-5000
- 1 Cardiology 307-688-3700
- 1 Nephrology307-688-3535
- 1 Urology307-688-3636
- 2 Walk-In Clinic307-688-9255
- 1 Internal/Geriatric Medicine ..307-688-3636
- 1 Heptner Cancer Center307-688-1900
- 3 OB GYN Specialists307-686-3855
- 1 Orthopaedic Specialists307-688-3500
- 1 Pulmonary & Sleep Medicine307-688-3636
- 1 Neurology & Pain307-688-3400
- Wright Walk-In Clinic307-464-0413
- 5 PROS307-686-1413

www.ccmh.net
307-688-1000



- 1. Behavioral Health Services
- 2. CCC Walk-In Clinic
- 3. OB GYN Specialists
- 4. CCC Audiology
- 5. Powder River Orthopedics & Spine, PROS

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