



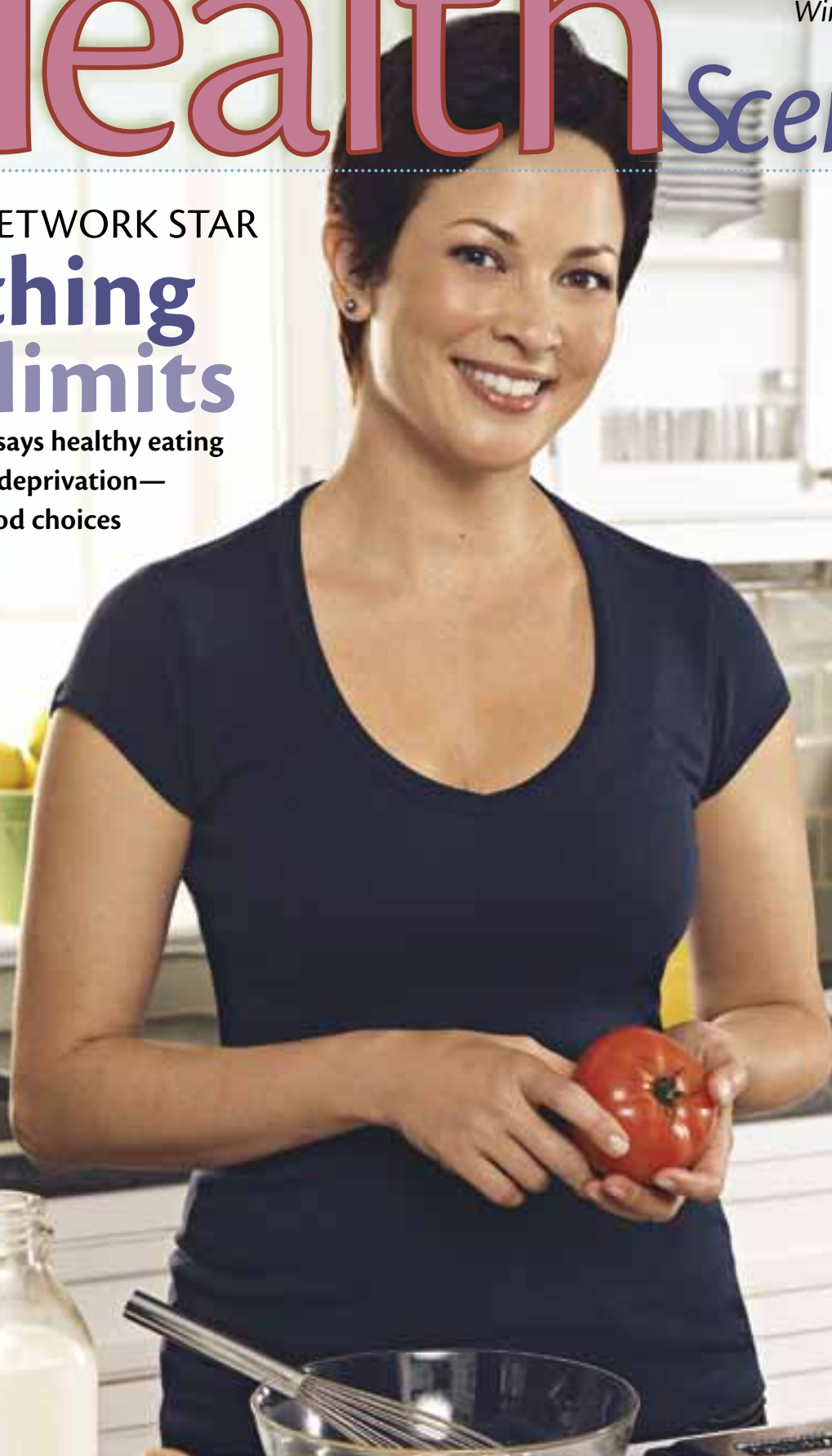
Health Scene[®]

Winter 2011

FOOD NETWORK STAR

Nothing off-limits

Ellie Krieger says healthy eating
is not about deprivation—
it's about good choices
Page 8



What's new at BMH



 **Beaufort Memorial
HOSPITAL**

DukeMedicine AFFILIATE
IN HEART AND CANCER

Let us know how BMH can serve you better. E-mail us at contactus@bmhsc.org, or send a letter to 955 Ribaut Road, Beaufort, SC 29902.

IT'S HARD TO BELIEVE that we are well into 2011. We have a lot of plans that are already under way, and we expect to see many changes for the better throughout the year.

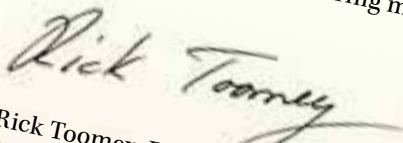
Work has begun on our Women's Imaging Center, which will be an inviting environment for every woman to take care of her own health needs (see page 13). It will be located in the Beaufort Medical Plaza next to Beaufort Memorial Hospital (BMH), designed with the healing arts in mind. We expect it to be completed early this summer.

Our cardiology program is moving along very well with four new cardiologists joining Erasme Coly, MD, on staff (see page 6). They are working closely with Duke Medicine through our cardiovascular affiliation to ensure area patients get the best and most advanced cardiac care.

We will begin our Emergency Department expansion in the next few months. Since the last renovation about 10 years ago, we have outgrown the current facility. We hope to double the space with this renovation.

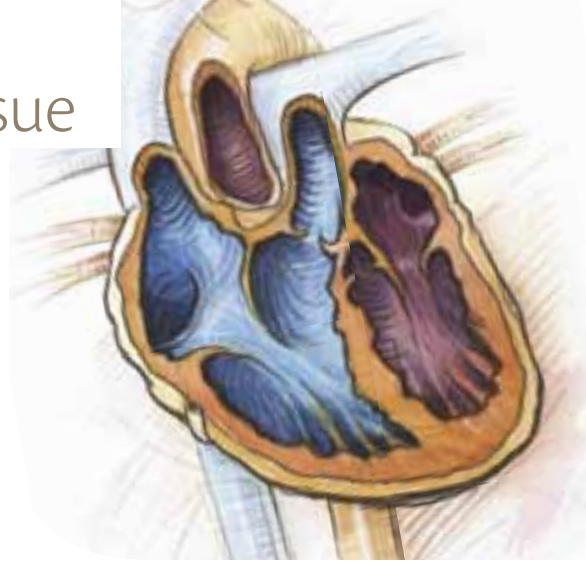
We continue to work closely with the Good Neighbor Health Clinic on Lady's Island to encourage patients to receive preventive care, rather than wait until they have a crisis to seek care. I hope you'll read more about that relationship on page 4. More doctors are being trained to use the da Vinci Surgical System for less invasive gynecologic procedures, which dramatically shorten recovery time (see page 16). And we are constantly working on strategies to keep our infection rates down through our participation in statewide and national initiatives (see page 14).

We've started the year off with a bang with another successful Valentine Ball, and we look forward to sharing more good healthcare news throughout the rest of 2011!



Rick Toomey, DHA, FACHE
President and CEO

inside this issue



WANT TO STAY WELL? Give yourself a great chance of fighting off the flu, colds and other bugs by washing your hands frequently. Scrub your hands for at least 20 seconds using soap and running water.

Centers for Disease Control and Prevention

CLEAR UP CATARACTS Do you have cloudy or blurry vision, poor night vision, or double vision? Do headlights seem to shine too brightly? These are common symptoms of cataracts. Talk to your eye doctor to find out if you have a cataract.

National Eye Institute

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Feature stories

Heart care. With the addition of four new cardiologists to its medical staff, BMH is poised to expand its heart services. Check out some of things we have planned and some of the enhancements we are already offering.

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A foodie's rules. Food Network star Ellie Krieger, host of the popular show *Healthy Appetite*, takes the usually-sometimes-rarely approach to food. Learn how you can too.



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When your partner has cancer. A team of dedicated experts may be taking care of your loved one's cancer, but the most important team member is you.



HealthScene®

WINTER 2011

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Keeping informed

Good Neighbor Medical Clinic. After less than two years, the clinic, which provides free primary care services to Beaufort County residents in need, has registered more than 1,000 patients—and 50 new patients are signing up each month. *page 4*

Women's services. BMH is starting work on a comprehensive breast health center that will make routine mammograms much more convenient. *page 13*

Lower your risk. If you're at risk for type 2 diabetes, small steps can make a big difference. Try these tips to reduce your risk. *page 19*



A good neighbor

Beaufort Memorial supports clinic to provide free care for those in need

WANT TO KNOW MORE? The Good Neighbor Medical Clinic is open from 9 a.m. to 3 p.m. Monday through Friday. Doctors are not available after hours or on weekends. For more information or to volunteer, call 843-470-9088.

IT DIDN'T TAKE LONG for word to spread about a new clinic in town that offers free primary care services to Beaufort County residents with limited income and no health insurance.

After less than two years, the Good Neighbor Medical Clinic on Lady's Island has registered more than 1,000 patients—and 50 new patients are signing up each month.

"We knew there was a need in the community for a free medical clinic," says Sheila Deuel, Good Neighbor Medical Clinic director. "Before we opened in June 2009, these people were going to the ER for primary care. There was no follow-up, so they'd be back six months later."

Instead, they can now make appointments at the clinic, located in a former medical office at 30 Professional Village Circle off of Sea Island Parkway.

Staffed by six volunteer doctors and 40 additional community volunteers, the clinic offers basic primary and preventive care, as well as prescription assistance.

BMH lends a hand

As part of a special partnership with the clinic, BMH provides patients needing diagnostic testing with free lab work, x-rays, CT scans, MRIs and ultrasounds.

"Beaufort Memorial is essential to our

existence," says Caroline Lutz, a member of the clinic board of directors. "We couldn't do what we do without them."

Over the past year, BMH has provided more than \$220,000 in services to the clinic, most of it for lab work and x-rays. In addition, the hospital donated \$25,000 last fall for the clinic's operational expenses.

"Being a partner with the Good Neighbor Clinic is part of our mission to improve the health of our community," says BMH President and CEO Rick Toomey, who serves on the clinic's board of directors. "It provides another access point to those people who do not have a family doctor or medical home. Patients who go there have better continuity of care, rather than just showing up at the ER when something major happens."

Community support

John Gray, MD, a retired family physician who practiced in Beaufort for more than 30 years, volunteers one day a week at the clinic. Many of the patients he sees have chronic health issues that require regular monitoring.

"These are patients that need health-care," says Dr. Gray, a board member and the clinic's medical director. "Up until now, they didn't have any other place to get it than in the ER."

To qualify for medical care at the clinic, patients must be at least 18 years old and earn no more than \$21,660—double the federal poverty guideline. Funding for the clinic comes from grants and donations from community members and local churches.

While the 3,000-square-foot facility has four patient exam rooms and three additional rooms for patient conferences, it doesn't have the physicians to maximize its capacity.

"We're seeing as many patients as we can right now," Dr. Gray says. "We could definitely use more physicians to help."

Physicians don't need an active license to volunteer. The state has set up a program whereby physicians can apply for a free limited volunteer license, allowing them to practice at the clinic without concerns over liability coverage.

"We welcome all volunteers," Deuel says. "I can find a job for anyone, even if you don't have clinical experience."



Catch the SPIRIT

Celebrate your good health at Day of Dance

LAST YEAR, BMH joined the Spirit of Women network, a coalition of American hospitals and healthcare providers committed to women's health education and community outreach.

To kick off the program, BMH hosted two Spirit of Women Girls' Night Out events in October, National Breast Cancer Awareness Month. More than 630 women were treated to wine, hors d'oeuvres and mini-spa services while learning about the importance of taking charge of their own health. The events were held in Bluffton and Beaufort.

Area women also received advice about sleep habits, breast care, stress management, exercise and nutrition in an entertaining, personalized format. Doctors, nurses and technicians were on hand to offer screenings and answer questions.

In honor of American Heart Month, the hospital will host another Spirit of Women event—Day of Dance—on Saturday, February 26, at Bluffton's new Seaquins Ballroom. The event will include dance demonstrations and classes for those who want to give dancing a whirl.

To reinforce the need for heart-healthy exercise, cardiologists and clinical specialists will be offering a variety of screenings and assessments that are used to determine a person's risk for cardiovascular disease. They will be joined by orthopedists, gynecologists and gastroenterologists who will be evaluating other women's health concerns.

"We've designed the event around dancing to show people how they can incorporate fun activities into their lives to improve their health," says Courtney McDermott, assistant director of BMH Public Relations and Marketing, who is coordinating the Spirit of Women programs for BMH. "Dancing can offer tremendous health benefits."



Day of Dance[®]

FOR YOUR HEALTH

February 26, 2011 • 10 a.m. - 2 p.m.

Seaquins Ballroom, 1300 Fording Island Rd., Bluffton

Beaufort Memorial Hospital's Spirit of Women program presents
Day of Dance for Your Health!

We invite women of all ages, along with their families and friends, to join together for a fun-filled day of music and dance instruction designed to improve women's heart health and overall wellness. Learn simple ways to stay healthy and participate in health screenings, too!

To register go to www.bmhsc.org/spiritofwomen or call (843) 522-5952.



Beaufort Memorial
HOSPITAL

Where the HEART CARE is

WITH THE ADDITION of three new interventional cardiologists to its medical staff last summer and an invasive cardiologist this winter, Beaufort Memorial is now poised to enhance and expand its heart services.

The Duke-affiliated Cochrane Heart Center has already begun offering the innovative radial approach to cardiac catheterization, one of the most patient-friendly advancements in cardiac care in recent years.

State-of-art treatment

Traditionally, the blood vessels leading to the heart are accessed through the

To learn more about Cochrane Heart Center, go to www.bmhsc.org and click on “Our Services,” then “Cochrane Heart Center.”

femoral artery in the leg. The radial approach accesses the blood vessels through the radial artery in the wrist to determine if there is disease in the coronary arteries.

“It has a number of compelling potential advantages, including less bleeding, more rapid ambulation and increased patient comfort,” says Harry Phillips, MD, chief medical officer of Duke Network Services and associate director of Duke Heart Center.

Currently used in about 50 percent of heart catheterizations in Europe and a growing number of cases in the U.S., the radial approach reduces major bleeding between 58 to 73 percent compared to the groin method, according to the Duke Clinical Research Institute. Catheterization from the radial artery also allows the patient to get out of bed sooner after the procedure.

“You can get up and move around almost immediately,” says Sharon Shupe, BMH cardiac catheterization lab manager. “With the femoral approach, the patient has to lie flat for two to four hours after the procedure.”

Thom Schultz, DO, and Stuart Smalheiser, MD, both perform this new approach to cardiac catheterization.

“Although there are still patients for whom the traditional femoral approach is preferable for technical reasons, cardiologists at Beaufort Memorial can now individualize the approach for their patients to achieve the best outcome,” Dr. Phillips says.

Expanding our care

A Duke Medicine affiliate in heart services, BMH has been collaborating with the prestigious Duke Heart Network to help expand services in the cardiac cath lab to enhance the level of services provided here at home. *U.S. News & World Report* ranked Duke Heart Network one of the nation’s top 10 heart programs. It is the only heart program in the Southeast in the top 10.

In December, as part of Duke Heart Network’s comprehensive quality oversight of the cardiac cath lab, heart specialists from Duke met with BMH cardiologists to conduct case reviews.

“The quality of care provided by the



cardiac cath lab at the hospital is excellent,” says Dr. Phillips, part of the seven-member group from Duke that conducted the annual assessment. “With the addition of interventional cardiologists to the staff, Beaufort Memorial is ready to move forward in planning for additional services.”

In the future, BMH hopes to provide primary or emergency interventions to patients having an ST elevation myocardial infarction, or STEMI—the deadliest type of heart attack. Duke Heart Network and the BMH cardiac team will work together to plan a primary percutaneous intervention (PCI) program to ensure stents are placed quickly when a patient is having a heart attack, Dr. Phillips says. This procedure restores blood flow and reduces mortality.

Currently, through a joint project with emergency medical services, BMH’s Emergency Department staff can determine via an Internet connection whether a patient is having a STEMI and coordinate transportation to the nearest facility for treatment. Time is crucial; every minute that passes before lifesaving treatment is initiated diminishes a patient’s chances of survival. Patients can be airlifted from Beaufort Memorial to Charleston or Savannah.

To be able to provide emergency

interventions locally, BMH is working to obtain a certificate of need from the South Carolina Department of Health and Environmental Control. The state requires a hospital to document a certain number of noninterventional cardiac procedures before it can apply to offer interventional procedures.

“Now that we have more cardiologists on staff, we’ll be able to get to the next step,” says Daniel Mock, BMH senior director of cardiovascular and imaging services. “They’ll help us attain our volume requirements.

“In the meantime, we continue to work toward our goal of being able to provide primary intervention right here in Beaufort. The faster you can intervene, the better the outcome.”

The new doctors are: **Stuart Smalheiser, MD**, of Lowcountry Medical Group, is board-certified in internal medicine, general cardiology, interventional cardiology and nuclear cardiology. He is an assistant professor of medicine at Medical University of South Carolina (MUSC) in Charleston.

David Harshman, MD, is board-certified in internal medicine, cardiology and interventional cardiology. Before moving to the Lowcountry, he had been in private practice for 31 years in Missouri and Illinois. He also served as director of cardiac catheterization laboratories in hospitals in both states.

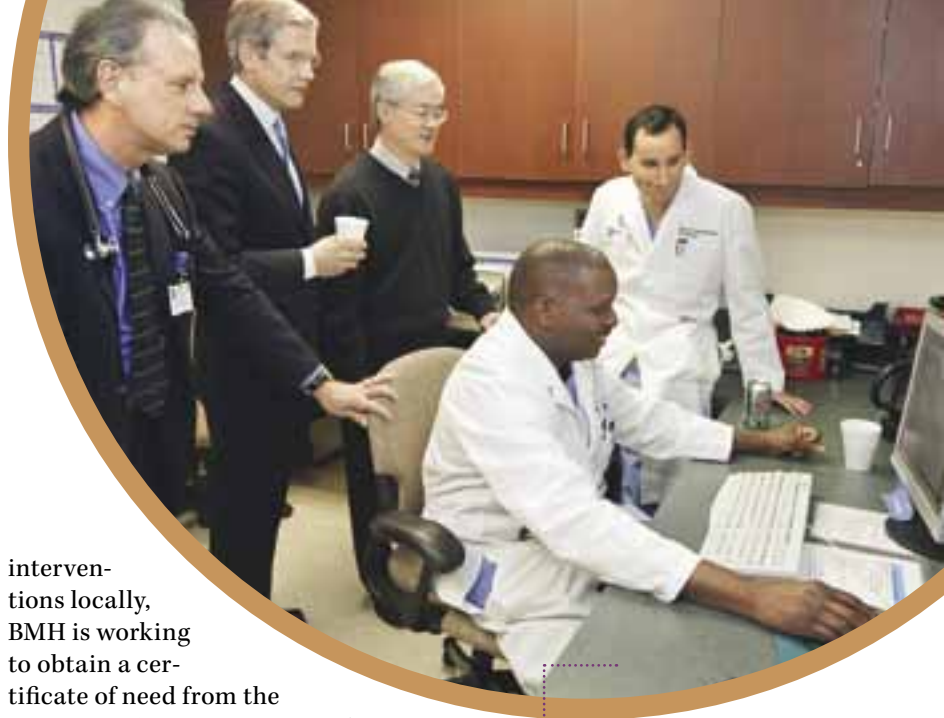
Last summer, Dr. Harshman and **Thom Schultz, DO**, teamed up to open Beaufort Cardiology in the Beaufort Medical Plaza.

Dr. Schultz moved to the Beaufort area after completing his post-doctorate training in interventional cardiology at the University of Connecticut at Hartford Hospital. He is board-certified in internal medicine and cardiology and board-eligible in interventional cardiology.

Marshall Shannon Shook, MD, an invasive cardiologist with Lowcountry Medical Group, began seeing patients in January. Read more about him on page 15.

Because BMH does not yet have the ability to offer interventional cardiology services, all four of the interventional cardiologists have clinical relationships to do their interventional work at tertiary hospitals in Charleston or Savannah.

QUALITY ASSURED: Members of Duke Heart Network met with BMH cardiologists recently for the annual quality assurance case review provided as part of the local heart program’s affiliation with Duke Medicine. From left are cardiologists David Harshman, MD, of BMH; Harry Phillips, MD, of Duke; Jimmy Tcheng, MD, of Duke; Erasme Coly, MD, of BMH; and Stuart Smalheiser, MD, of BMH.



We’ve got your heart covered

For the first eight months of 2010, Erasme Coly, MD, of Coastal Cardiovascular Clinic, was the sole cardiologist practicing at BMH. By the end of the year, four new cardiologists joined the BMH staff.

“The addition of three community interventional cardiologists and an invasive cardiologist gives patients more choices for cardiology care and the hospital more options for expanding cardiology services,” says Harry Phillips, MD, chief medical officer of Duke Network Services and associate director of Duke Heart Center.



ELLIE KRIEGER

**ADVICE FROM
FOOD NETWORK STAR**

Nothing

FRENCH FRIES are one of Ellie Krieger's weaknesses. She craves them, despite their reputation as a bad-for-you food.

So instead of banning fries altogether, which is against Krieger's basic philosophy of food, she has a guilt-free home recipe. Hers are made with fresh garlic, salt and a splash of canola oil. The fries are then baked, instead of deep-fried, and tossed with fresh parsley.

"Never say never," says Krieger, a registered dietitian and star of the Food Network's popular show *Healthy Appetite*. She believes that there should be no fear or guilt when it comes to food.

A foodie's rules

Krieger encourages people to eat and cook for health and joy. Her cook-





Raspberry fool

INGREDIENTS

- 1½ cups nonfat vanilla yogurt
- 1 10-ounce package frozen unsweetened raspberries, thawed
- ⅓ cup confectioners' sugar
- ¼ cup well-chilled heavy cream
- 4 ladyfinger cookies

DIRECTIONS

- ✓ Place the yogurt in a strainer lined with a paper towel, and let it drain and thicken in the refrigerator for at least 4 hours and up to 1 day. Discard the liquid, and set the thickened yogurt aside.
- ✓ Process half the raspberries in a food processor until smooth. Transfer the purée to a fine mesh strainer, and strain it into a large bowl, pressing the liquid out with a rubber spatula. Discard the seeds. Whisk in the confectioners' sugar. Stir in the remaining raspberries.
- ✓ In a chilled medium bowl, whip the cream with an electric mixer until soft peaks are formed. Gently fold in the yogurt. Fold in the raspberry mixture.
- ✓ Spoon the fool into cocktail glasses and chill, covered with plastic wrap, for at least 1 hour and up to 1 day. Serve with ladyfinger cookies.

Eating well tip: Well-chilled cream whips more easily and gives you more volume than room-temperature cream, which means a chilled cream provides a bigger dollop for the same number of calories. So keep your cream refrigerated for at least 12 hours before using it, and take it out just before whipping. It also helps to chill the bowl and beaters too. You can whip cream several hours in advance and store it, covered, in the fridge until you are ready to use it.

NUTRITION INFORMATION

Serves 4.
Serving size: ½ cup. Amount per serving: calories: 240; total fat: 7g; monounsaturated fat: 2g; polyunsaturated fat: 0.4g; saturated fat: 4g; protein: 7g; carbohydrates: 40g; fiber: 1g; cholesterol: 62mg; sodium: 85mg. Excellent source of vitamin C. Good source of calcium, phosphorus, protein, riboflavin and vitamin B₁₂.

Ellie Krieger, *The Food You Crave* (Taunton Press, 2008)

off-limits

book *The Food You Crave: Luscious Recipes for a Healthy Life* (Taunton Press, 2008) is classic Krieger, with healthier versions of such favorites as grilled cheese sandwiches, pizza and chocolate pudding pie.

Krieger takes a *usually-sometimes-rarely* approach to food. *Usually* foods are colorful vegetables and fruits, whole grains, lean meats, fish, beans, nuts, low-fat dairy products, and healthy oils. They're the staples of recipes, meals and snacks.

“Enjoy your food, be mindful of it, and really take it in.”

Ellie Krieger, *Healthy Appetite*

Sometimes foods have been more refined—such as white flour, sugar and regular pasta—or are higher in saturated fats, such as chicken thighs.

Rarely foods—butter, cream and full-fat cheeses, for example—are eaten rarely but “strategically placed for maximum impact and flavor,” Krieger says.

“I make my mashed potatoes with low-fat buttermilk for creaminess and tanginess, but I put a little pat of butter right on top, where you can see it and taste it,” she says. “We eat with our eyes too.”

Eating what you love

One of Krieger's rules for health: Eat three meals and one or two healthy

snacks every day. Then make small changes to improve nutrition without sacrificing flavor. Other tips:

- Use heart-healthy canola oil instead of butter in muffin, cake and quick bread recipes. Try using half oil, half butter in cookie recipes.
- Skip the breakfast bagel (equivalent to four or five pieces of bread) and substitute thinly sliced, dark pumpernickel bread.
- Add mashed white beans to hot soup to thicken it and to add vitamins, minerals, protein and fiber.

→ Use avocado or low-fat buttermilk or yogurt as a base for creamy salad dressings.

Krieger recommends using ingredients as close to their original condition as possible, such as fresh fruits and veggies and frozen or canned foods without added sugar or salt. Bagged salad greens and canned pumpkin are convenience foods that don't compromise on nutrition.

Finally, “Savor every bite,” she says.

“The worst thing you can do is stand in front of the refrigerator, hastily eating something you think is bad for you.”

“Enjoy your food, be mindful of it, and really take it in. If we did that with all of our food, we'd eat less and enjoy our food more.”



● Marion Moody, director of BMH plant services (left), accepts the Spirit of Giving Award from Alice Moss, BMH Foundation executive director.

Spirit of Giving surprise

MARION MOODY, director of BMH plant services, was on the invitation list of the 2010 annual meeting in November to update the BMH Foundation and hospital Board Trustees about the upcoming Pratt

Emergency Center renovations. Or so he thought.

Moody was surprised to be the recipient of the annual BMH Foundation Board of Trustees Spirit of Giving Award. The room was filled with smiles as Moody was honored for his commitment to building a culture of philanthropy at BMH.

“In his 28 years of service at BMH, Marion has provided a safety net for Foundation events such as the Valentine Ball, and his leadership in garnering corporate donations is unparalleled,” says Alice Moss, BMH Foundation executive director.

“Marion has done so much to help us raise important funds for the hospital, and it’s time he knows that his efforts—from his personal giving to the employee campaign to accommodating grand openings and construction previews—have not been overlooked,” she continues.

The Spirit of Giving Award has been recognizing BMH employees and doctors since 2007, and recipients have gone above and beyond to promote philanthropic support for BMH. Previous winners are the BMH Pirates (employee campaign leaders); Cindy Roddenberry, RN (Thunder Rally organizer); and Dot Rucker, RN (fifth floor nursing manager).

BMH Foundation Board update

FIND OUT MORE For a full list of the BMH Foundation trustees and more information about the BMH programs and equipment funded with community dollars, go to www.bmhfoundationsc.org.

NOT ONLY did the BMH Foundation say goodbye to three longtime Board members recently, but they also welcomed two new trustees. Sherry Hirsch, of Dataw Island, and Ty Reichel, of Lady’s Island, were elected to the Foundation Board of Trustees and will be serving their first three-year terms.

Departing trustees Tom Oliver, Scott Stowe and Malcolm Goodridge received a standing ovation at the 2010 annual meeting in November. Both Oliver and Stowe have served as chairman of the Foundation Board. The trio represents a combined 25 years of service to the Beaufort Memorial Hospital Foundation with great leadership and support that has resulted in increased philanthropic support for the hospital.

The Foundation Board also elected its slate of officers for the upcoming year:



● Sherry Hirsch



● Ty Reichel

Bill Nettles, chairman; Bill Harvey, vice-chairman; Marilyn Harcharik, secretary; and Chuck Schaller, treasurer.

“Though we will greatly miss Tom, Scott and Malcolm, we are looking forward to a bright future,” Nettles says. “I am honored to follow in some impressive footsteps as this Board continues to help develop philanthropic support for one of our greatest community resources—our hospital.”



● Kim Merritt, RN (left), and Maggie Pellegrino greet each other after Merritt was presented the DAISY Award. Pellegrino nominated Merritt for the award.

DAISY AWARD

BMH nurse goes above and beyond

About the award

The DAISY Award is a national honor bestowed on registered nurses who go far beyond the call of duty. The award is presented in collaboration with the American Organization of Nurse Executives and made possible through the BMH Foundation.

EVERYONE HAS A STORY TO TELL, and for BMH progressive care unit nurse Kim Merritt, their story is an important part of their care.

One patient's story

Joe Pellegrino, a World War II Army veteran, wanted nothing more than to see his grandson graduate from Parris Island. Never mind that he was battling stage IV colon cancer.

To make the trip more comfortable for the 85-year-old Michigan resident, the family rented a motor home and drove the 900 miles to the Marine Corps Recruit Depot on Parris Island. But the evening before the ceremony, Pellegrino took a turn for the worse and had to be taken by ambulance to BMH.

Calling in a favor

During her shift, Merritt learned about Pellegrino's heartache over not being able to attend his grandson's graduation. Merritt knew her only shot was to get him VIP seating. She called her husband, Lt. Col. Paul Merritt, commander of the Headquarters and Service Battalion at Parris Island.

Several phone calls later, the VIP seating was secured. It was then up to Merritt to make things happen on her end. The supervising physician agreed to the three-hour furlough, as long as Merritt, a trained critical care nurse, accompanied Pellegrino.

Merritt and charge nurse Pat Cooke wheeled Pellegrino to Merritt's SUV, and together they lifted him out of the wheelchair and put him in the car.

We salute you

It was 8:45 a.m. The graduation started at 9.

"Once the ceremony starts, you can't get into the VIP seating, so I had to fly to make it in time," Merritt says.

With just minutes to spare, the pair arrived at Parris Island. Lt. Col. Merritt lifted Pellegrino out of the car and placed him in the wheelchair.

"Dad was a private first class during World War II, so he saluted the commanding officer," his daughter-in-law Maggie Pellegrino says. "But Lt. Col. Merritt told him, 'No sir, I should be saluting you.'"

Joe Pellegrino was seated in the front row of the VIP reviewing area alongside the brigadier general—the highest-ranking officer on the base. His dutiful nurse stood behind him, umbrella in hand, water bottles at the ready.

"It was such a huge deal for him to see his grandson graduate and to have the Marines salute him as they passed the reviewing stand," Maggie Pellegrino says. "It was a great send-off."

Joe Pellegrino passed away seven weeks later in Michigan. His family, grateful for what the nurses had done for the veteran, sent them checks, which they donated in his honor to the Veterans of Foreign Wars and the Wounded Warriors project.

"We knew we had done a good thing that day," Merritt says. "But I can't imagine anyone in the same situation not doing the same."

A moving moment

Merritt was nominated for the hospital's DAISY Award by Maggie Pellegrino.

The award was presented as a surprise in front of Merritt's husband, daughter and co-workers. Members of Pellegrino's family were there too, and there wasn't a dry eye in the house.



MAMMOGRAMS

No more excuses

SOME EXCUSES hold up. Alarm clocks do occasionally fail, and tires do go flat.

But when it comes to taking care of your breast health, no excuse will do.

That's especially true when the excuse is based on misinformation. Here are four reasons women often give for not getting mammograms—along with the facts.

1 “I don't have time.” The truth is, a mammogram takes only about 20 minutes. You can usually make an appointment for a time that is convenient for you.

2 “It will hurt too much.” There may be some discomfort, since your breasts need to be flattened slightly to get the best x-ray picture—but that's only for a few seconds. If you're still menstruating, time your mammogram for right after your period, when your breasts are likely to be less tender. Also, the technician can make adjustments if it truly hurts too much. **BMH uses mammopads to help provide the softest touch for your mammogram.**

3 “I don't have any symptoms or a family history of breast cancer.” Not having these risks may lower your chances for getting breast cancer, but they don't rule it out. Most women who get breast cancer do not have a family history of the disease. And early breast tumors—which mammograms can detect—may be too small to feel and may cause no symptoms.

4 “It costs too much.” Most insurance plans cover mammograms. So do Medicare and Medicaid. If you don't have insurance, call the National Breast and Cervical Cancer Early Detection Program at 800-CDC-INFO (800-232-4636) and ask about a free or low-cost mammogram.

Because regular screening with mammograms saves lives, the American Cancer Society and other experts recommend that women have yearly mammograms starting at age 40.

A few breast cancer facts you may not know

Breast cancer is second only to lung cancer as the most common cancer killer in U.S. women. Here are some other facts:

- ✓ Men get breast cancer too, though not very often—less than 1 percent of breast cancer cases are in men.
- ✓ Being physically active decreases the risk of getting breast cancer.
- ✓ Since the early 1990s, the rate at which people in the U.S. are being diagnosed with breast cancer has increased, but the rate at

which they are dying from the disease has dropped.

- ✓ Researchers are studying the genetic differences between women who get breast cancer and those who don't, which may lead to better treatment options.
- ✓ With early-stage breast cancer, life expectancy is the same for all women, whether they have breast-sparing surgery—also known as a lumpectomy—or a mastectomy.

American Cancer Society; Centers for Disease Control and Prevention

Mammograms save lives. Is it time for yours? To make an appointment in Beaufort or Bluffton, call 843-522-5015. To learn more about imaging services at BMH, go to www.bmhsc.org/services_imaging.htm.

WOMEN'S IMAGING CENTER

Warm and welcoming



LADIES, take heart. Getting your annual mammogram will soon be a whole lot more pleasant thanks to a new women's imaging center opening this summer in the Beaufort Medical Plaza.

Reserved exclusively for women's services, the one-stop facility will offer a broad range of breast care services, including diagnostic testing such as digital mammography, ultrasounds, DEXA scans (for bone density testing) and stereotactic biopsy, which uses a 3-D scanning device in the event a tissue sample is needed.

"These services are now scattered around the hospital," says Karen Carroll, BMH vice president of patient care services. "Having them all available in one, single outpatient facility will make it much more accessible to our patients. And having the facility designed to give patients a feeling of comfort and security

will be an added plus."

Mammography currently occupies 800 square feet of the Radiology Department in the main hospital. Patients wait in a centralized registration area to be called in for the test.

Under one roof

BMH has begun renovating 4,100 square feet of office space in the medical plaza adjacent to the hospital. The space will be dedicated solely to women's breast health needs. In addition to the testing services, the center will include a comfortable waiting room, exam rooms, a conference room and the office of BMH Breast Care Coordinator Ronda O'Connell, RN, who helps women diagnosed with breast health issues, including breast cancer, understand their treatment options. O'Connell is someone women can go to for help with any questions or concerns they may have about their situation.

"The center will work in conjunction with the Keyserling Cancer Center," Carroll says. "Coordinating the entire process from diagnosis to post-treatment follow-up has been shown to improve patient outcomes by providing the highest quality of services in a carefully planned, seamless fashion."

The ultimate goal is to transition the facility into an accredited breast center. The National Accreditation Program for Breast Centers requires that breast centers meet 30 standards of care, ensuring patients receive the best possible treatment.

The center is part of a broader initiative to improve and expand BMH's women's services. Focus groups were held to get input.

"They asked us for a comprehensive breast center, so we put that at the top of our to-do list," Carroll says. "We hope to have it completed by this summer."

Beaufort Memorial Hospital Foundation presents

Duke Symphony Orchestra Harry Davidson, Conductor

Saturday, March 26 at 7 pm
The Arts Center at Beaufort High School



Appearance by
Beaufort High
"Voices"

Proceeds benefit
Beaufort Memorial
Keyserling Cancer Center
& Healing Arts Program

General Admission \$35 ~ Group Rate \$250 (10 Tickets)
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Patron Admission includes Conductor's Reception following the Concert.

Enjoy cocktails and heavy hors d'oeuvres at historic
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Special thanks to our sponsors
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Order tickets today
(843) 522-5774 ~ www.bmhfoundationsc.org
Ticket price higher at door

GERM warfare

BMH takes aggressive action against infections

BMH IS GAINING GROUND

in the battle of the bugs.

Launching a multipronged attack on germs and their troublesome, antibiotic-resistant brethren, the hospital has taken a team approach to reducing infection rates and improving patient outcomes.

Battling MRSA

The most recent assessment showed a 9 percent drop in cases of methicillin-resistant *Staphylococcus aureus*—better known as MRSA—the single most common source of hospital infections.

“It’s an encouraging finding,” says Kent Stock, DO, BMH’s infectious disease specialist. “It gives us hope that we may be able to influence multidrug-resistant bacteria.”

MRSA is a particularly aggressive contagion caused by a strain of staph bacteria that has become resistant to the antibiotics commonly used to treat ordinary staph infections.

About two years ago, the hospital began screening patients who are at high-risk for MRSA. If a nose swab detected the presence of the bacteria, the patient was isolated, reducing the chance of transmission to other patients.

But MRSA is only one of a growing number of microorganisms that are becoming ever more immune to medicine’s most important weapons—antibiotics and a large group of threatened agents known as antimicrobials.

“They’re clever little things,” says Phyllis Wilson, BMH microbiology team coordinator. “There are bugs out there that are resistant to virtually every antibiotic we have.”

Taking aim at antibiotics

Bacteria become resistant to antibiotics through overexposure. To ensure these

drugs are not being prescribed unnecessarily, BMH initiated an antimicrobial stewardship program recommended by the Centers for Disease Control and Prevention.

The centerpiece of the initiative is the multidrug-resistant organism (MDRO) team, which includes Dr. Stock, a hospital pharmacist, nurses, a dietician and an infection preventionist. The team began making rounds in the intensive care unit (ICU) to look at ways to reduce hospital-acquired infections. Antibiotics are at the top of their checklist.

“We want to make sure patients in the ICU meet the criteria for the antibiotics they are receiving,” says BMH pharmacist Miranda Boisclair, who recently earned her antimicrobial stewardship certificate from Making a Difference in Infectious Diseases, a national organization. “Sometimes a broad-spectrum antibiotic can be replaced with an antibiotic that better targets the problem. The goal is to decrease the emergence of resistant organisms.”

In 2009, the hospital spent \$630,000 on antibiotics. During the first nine months the team began reviewing antibiotic use in the ICU, antibiotic expenditures dropped nearly \$250,000.

Expanding our efforts

The team also focuses on invasive devices, such as ventilators, foley catheters, IVs and central lines.

“This is where we see most infections,” says Beverly Yoder, infection prevention coordinator. “When you break the skin to insert these devices, you’re making it easier for organisms to enter the body.”

Applying the best care practices in the ICU resulted in a dramatic reduction in central line blood stream infections.

“We haven’t had one since November 2008,” Yoder says. “If you can prevent even one, that’s a significant impact.”

Spurred by the success of the program in the ICU, the team has expanded its patient reviews to include other medical-surgical units in the hospital.

“In 10 to 15 percent of the cases we review, we’re able to make changes that reduce antibiotic use, enhance patient outcomes and reduce costs,” Dr. Stock says. “Doctors have seen the merit of what we’re doing. We’re another set of eyes looking

at patient care. We're all interested in the same thing—the best possible outcome for our patients.”

Even before the MDRO team was established, the hospital began using evidence-based practices recommended by the Institutes for Health Care Improvement to reduce infection rates. According to the CDC, bacterial infections acquired in hospitals are blamed for the deaths of at least 90,000 people in the U.S. every year.

Making a list

BMH also joined a move started by Brigham and Women's Hospital surgeon and Harvard Medical School associate professor Atul Gawande, MD, to use surgical checklists in every operating room (OR) and every procedure area. As simple as it sounds, ticking off a list of essential procedures can prevent potentially fatal mistakes and reduce hospital-caused infections and other complications.

Dr. Gawande, one of the world's leading voices in clinical quality and health policy, selected South Carolina and is working with the South Carolina Hospital Association to kick off the World Health Organization surgical safety program.

“We've used the surgical checklist at BMH for years,” says Marylee Riggio, RN, OR director. “It's in every one of our operating rooms and is followed religiously. We add to that additional patient safety measures recommended by the Academy of Operating Room Nurses, and the result is one of the lowest post-op infection rates in the country.”

Shawna H. Doran, RN, quality coordinator of the Surgical Services Department explains that the checklist ensures that the correct antibiotics are given before an incision and that correct equipment, radiographs, implants, blood components and all relevant patient documentation are accounted for and checked before leaving the holding area for the operative suite.

Led by the OR circulator, the checklist involves the surgeon, anesthesia providers and surgical technicians to ensure the procedure, site and patient are always correct.

“Infection control is an integral part of patient safety throughout the entire hospital,” Yoder says. “With everyone on board, we can achieve our goal of a zero-rate of infection.”



Welcome, new physicians

BEAUFORT MEMORIAL is pleased to welcome two new physicians to its medical staff.



Kevin Kearney, MD, FAGC

Dr. Kearney is board-certified in gastroenterology and has been in private practice in Wayne, N.J., since completing his gastroenterology fellowship at New York Medical College in Valhalla in 1992.

Dr. Kearney completed his internship and residency in internal medicine at New York Medical College at Metropolitan Medical Center in New York City. He received his medical degree from Autonomous University of Guadalajara in Mexico in 1986.

This year, Dr. Kearney and his wife, Linda, and their two children moved to Bluffton. He is employed by Beaufort Memorial Physician Partners; his office, Beaufort Memorial Center for Digestive Diseases, is located at Port Royal Center, 1716 Ribaut Road in Port Royal. Dr. Kearney will also be seeing patients at Beaufort Memorial Bluffton Medical Services. To make an appointment, call **843-522-7890**.



Marshall Shannon Shook, MD

Dr. Shook, an invasive cardiologist, received his medical degree from the University of Maryland School of Medicine in 1998. He completed a residency in internal medicine at the Albert Einstein School of Medicine, Montefiore Medical Center Program in Bronx, N.Y.

Dr. Shook then spent five years in the Navy, from 2001 to 2006, including four years in Beaufort. He was a flight surgeon with VMFA-115 at Marine Corps Air Station Beaufort that deployed aboard the carrier USS Harry S. Truman. He is a veteran of Operation Iraqi Freedom. He also spent two years as an internist at Beaufort Navy Hospital.

After his naval service, Dr. Shook completed a general cardiology fellowship at the University of Tennessee in Memphis. He then worked in a private practice in Florida.

Dr. Shook; his wife, Seda; and their two children live in Beaufort. He began seeing patients in January. He is affiliated with Lowcountry Medical Group. To make an appointment, call **843-770-0404**.



● **Randy Royal, MD,** was one of the first doctors at BMH to use the state-of-the-art da Vinci Surgical System.

ONLY AT BMH

BMH is the only hospital in the area offering the da Vinci Surgical System for gynecological procedures. To date, seven obstetrician/gynecologists at BMH have been trained and certified to use the da Vinci: Randy Royal, MD; Glenn Werner, MD; Patricia Thompson, MD; Ardra Davis-Tolbert, MD; Claude Tolbert, MD; Allahna Coggins, MD; and Jo Ann Csakany, MD. For more information about the da Vinci system at BMH, go to www.bmhsc.org.

Less pain, faster recovery

ONCE UPON A TIME not so long ago, Dorathea Krusky would have faced major abdominal surgery to remove the large mass doctors found in her uterus.

That was before gynecologists at BMH began using the revolutionary da Vinci Surgical System, a robotic technology that makes it easier for surgeons to perform minimally invasive hysterectomies.

Rather than cutting a large, 6- to 8-inch opening in the patient's abdomen, surgeons are now able to perform complicated gynecological procedures using four or five dime-size incisions, reducing blood loss and risk of infection. Instead of a four-day hospital stay and six weeks of recovery, patients generally spend just one night in the hospital and are usually back to work in a week.

Big benefits

"It's remarkable," says Krusky, who underwent a hysterectomy at BMH in October. "I had surgery on Monday and was home on Tuesday. By Thursday, I was out shopping with my husband."

Gynecologist Randy Royal, MD, used the da Vinci system to remove Krusky's benign pelvic mass, uterus and ovaries through a small incision in her vagina.

"With the da Vinci, we're able to perform technically difficult procedures

without open surgeries, minimizing the patient's recovery time," says Dr. Royal, one of the first doctors at Beaufort Memorial to use the state-of-the-art system. "Patients love it."

Krusky, who read about the da Vinci system before learning of her condition, was sold on the robot even before Dr. Royal recommended it.

"I have friends and family who had the traditional hysterectomy," the 67-year-old Sun City resident says. "They spent weeks and weeks recuperating and ended up with a long scar. I had virtually no pain and no scarring."

Smaller cuts, more mobility

Sitting at a console looking at a magnified, high-resolution, 3-D image of the field of operation, the surgeon can manipulate da Vinci's miniaturized wristed instruments to pinch and move up and down and left to right—just like a hand.

"The mobility is so much better than with conventional laparoscopic instruments," Dr. Royal says.

In a year's time, Dr. Royal and his partner, gynecologist Glenn Werner, MD, have performed 75 surgeries with da Vinci.

More to offer

Last summer, Drs. Royal and Werner added myomectomy—a procedure in which fibroids are removed from the uterus—to the list of surgeries that are candidates for da Vinci. Gynecologists frequently recommend a hysterectomy for patients with uterine fibroids who are suffering from excessive bleeding and pain.

"A myomectomy is a great alternative for women who still wish to have children," Dr. Royal says. "We can stop the bleeding and leave the uterus intact."

In the near future, Dr. Royal hopes to use da Vinci to treat patients with pelvic organ prolapse, a condition in which the muscles and ligaments supporting a woman's pelvic organs weaken, causing them to slip out of place.

"We're using the da Vinci more and more on technically difficult surgeries," Dr. Royal says. "It's so much better for our patients. It decreases their risk of infection, speeds up recovery and results in better outcomes."

SUPPORT

the hospital—and yourself

BMH
Foundation
offers flexible
vehicle for
donors



● Betty and Allan Winneker became members of the Kate Gleason Society by making a planned gift to the Foundation.

WHEN ALLAN WINNEKER looked to increase his financial support of the hospital, he was pleased to learn that the BMH Foundation offered deferred charitable gift annuities.

“I was somewhat familiar with gift annuities and had considered using one as a vehicle to support my alma mater, Drexel University,” Winneker says.

Winneker, a BMH Foundation Board member, and his wife, Betty, have supported the hospital in many ways since moving to the area in 2000.

When he recently cashed out two traditional annuities, the option to reinvest the proceeds in a deferred gift annuity with the BMH Foundation just made good sense.

“This option was a win-win, because it allowed me to reinvest my money for future income and take advantage of a charitable tax deduction—all while providing a greater level of support to the hospital,” he says. “We’re fortunate in that we don’t need to take distributions now, which allows the investment to grow. This will help us personally and provide additional funds to help the hospital.”

A smart decision

“A charitable gift annuity (CGA) is a great choice for anyone interested in supporting a charitable organization who also would benefit from a guaranteed income stream for life,” says Alice Moss, BMH Foundation executive director. “If they want the income stream at a later date, the deferred CGA is an especially useful tool for combining retirement goals with charitable giving goals.”

“Like Allan, many of our supporters have used charitable gift annuities to support other charitable interests—particularly universities and national nonprofit organizations—so it’s clearly a valuable and viable option. Allan is the first to use the deferred variation with us. Hopefully others will see what a useful tool a CGA can be when approached with this type of planning.”

An easy option

Unlike other charitable vehicles that return income to the donor, a CGA is a simple, one-time contract established directly with the organization. The donor knows in advance what he or she will receive in annual or quarterly payments and that the payments are guaranteed for life.

“The charitable gift annuity has been in existence since 1831, making it the most popular form of a life-income gift,” Moss says. “And the ease of getting started is a real plus.”

A commitment that counts

For Winneker, the charitable gift annuity is another way to support the hospital that has been an important healthcare resource for him and his family over the past decade.

“Every community needs to have a hospital that can effectively serve the needs of the people who live there,” he says. “We are happy we can help.”

About CGAs

Charitable gift annuities (CGA) are combined charitable and investment vehicles. They can be established with the BMH Foundation for an amount ranging from \$5,000 to six figures. They are typically funded with cash or stock, which is exchanged for the organization’s promise to pay income to the donor or beneficiary for life.


The Foundation offers the uniform gift annuity rates established by the American Council on Gift Annuities. These rates are based primarily on age. Currently, rates for a single life CGA range from 4.8 percent for a 50-year-old to 9.5 percent for a 90-year-old. Rates are higher for deferred CGAs, depending on the length of time before payments to the donor begin.

Deferred gift annuities are a great way for donors to plan for retirement while also helping build the BMH Foundation’s Endowment Fund.

To learn more, call BMH Foundation Executive Director Alice Moss at **843-522-5774**.

Learn more

You too can be in the Kate Gleason Society. To find out about current or deferred charitable gift annuities and other planned giving options, call Alice Moss, BMH Foundation executive director.

 Call 843-522-5774 or go online to www.kategleasonsociety.org.

ORGAN DONATION

Changing lives for the better

AS PART OF OUR COMMITMENT to saving lives, Beaufort Memorial has a policy on organ procurement that our staff supports 100 percent. We recently



received a letter from LifePoint, the designated Organ Procurement Organization for South Carolina, thanking us for our work helping to fulfill the wishes of a 30-year-old man—a registered organ donor—who drowned and was declared brain-dead in our emergency room (ER) in October.

As a result of his donation, the lives of four people in South Carolina and North Carolina were significantly changed. A 71-year-old woman received a kidney; a 50-year-old man received a heart; a 40-year-old woman received a liver; and a 45-year-old man received a kidney and a pancreas. Thanks to the staff in the ER, operating room and intensive care unit, one family's tragedy gave new hope to others.

Our nursing supervisors have long been the champions of organ donation. They help coordinate the effort quickly and with sensitivity toward the family of the deceased.

Give the gift of life

There are two ways to register to be a donor:
→ At any South Carolina Department of Motor Vehicles office or on their website at www.SCDMVonline.com when you get, renew or change your driver's license or ID information.

→ On the Donate Life South Carolina website at www.DonateLifeSC.org.

You must be at least 18 years old.



Beaufort Memorial
HOSPITAL Foundation

presents the



Kate Gleason Society

To honor Kate Gleason, who bequeathed the land the Beaufort Memorial Hospital stands upon, we are recognizing those who have followed in her footsteps by making an estate gift to Beaufort Memorial Hospital Endowment Foundation.

Join the Society. Consider remembering the BMH Foundation in your will or charitable estate plan. You can bequeath a specific amount or designate a certain percentage of the remainder of your estate, or establish a gift vehicle that will also provide income for you.

Contact Alice Moss at 843.522.5722 or amoss@bmhsc.org to learn more or advise us of your plans. We'd like the opportunity to thank you and welcome you as a member of the Kate Gleason Society.

*Help improve the future of
healthcare in our community.*

3 things a donor should know

If you become a donor, you and your family should know that:

1 The first priority when you are admitted to a hospital is always to save your life. Donation is considered only after efforts to save the life of the donor have failed.

2 A donor's body is treated with the utmost respect, and an open-casket funeral is still possible after donation.

3 There is no cost to the donor's family for removing organs and tissues.

U.S. Department of Health and Human Services

DIABETES

Lower your risk

LIVE WELL WITH DIABETES

BMH's

Diabetes Care Center offers individualized programs to help you manage your diabetes. To learn more, call 843-522-5560 or go to www.bmhsc.org/services_diabetescare.htm.



SOMETIMES, SMALL STEPS can take you a long way. That's especially true when it comes to protecting yourself from type 2 diabetes.

Type 2, the most common form of diabetes, occurs when the body has problems converting glucose (sugar) from food into energy. It can occur at any age, even in childhood.

Preventing type 2 diabetes is important because too much glucose in the blood can result in serious complications, such as

kidney and nerve damage, heart attack, stroke, vision loss, and amputation.

Being overweight or obese greatly increases your risk for type 2 diabetes. But losing just a modest amount of weight may help you prevent the disease.

Other risks

Along with being too heavy, factors that increase your risk for type 2 diabetes include:

- Being 45 or older.
- Having a parent or sibling with diabetes.
- Being an Alaska Native, American Indian, African American, Hispanic, Asian American or Pacific Islander.
- Having high blood pressure or abnormal cholesterol levels.

Mention to your doctor if you have any of these risks. A physician can do tests to see if you have diabetes or a condition called pre-diabetes, which means you have a higher-than-normal blood sugar level and are at risk of developing diabetes within 10 years.

Act now

You can reduce your risk of developing type 2 diabetes by following these tips:

- Set a reasonable goal for losing weight, such as 1 pound a week.
- Avoid crash diets. Instead, strive to eat smaller portions at meals.
- Choose low-fat or fat-free dairy products and lean cuts of meat and poultry.
- Eat lots of fruits, vegetables and whole grains.
- Exercise for 30 minutes on most days during the week. Choose activities you enjoy, such as walking, swimming, water aerobics or biking.
- Build exercise into your day. Take the stairs instead of the elevator. Walk or bicycle whenever possible.
- Ask a friend to join you in making these changes. You can support and inspire one another.

Also, if your doctor has prescribed medicines to treat high blood pressure or cholesterol, use them as directed.

Keep it up

Don't try making all these changes at once. Choose one and add another each week. If you slip, keep trying. In time, these new habits can help you manage your weight and prevent diabetes.

National Diabetes Education Program; National Institute of Diabetes and Digestive and Kidney Diseases

Small changes, big results

Studies show that people who are overweight can prevent or delay diabetes by losing just 5 to 7 percent of their weight, according to the National Diabetes Education Program. For a person who weighs 200 pounds, that's 10 to 14 pounds—a goal that's often achievable just by making a few small changes in eating and exercise habits.



Prevention

Learn more about preventing diabetes.

Go to www.ndep.nih.gov.



When your partner has cancer

Communication is a crucial part of caregiving

YOUR PARTNER has a team of experts dedicated to his or her cancer care: doctors, nurses, pharmacists, technicians. But one of the most important team members is you, the caregiver.

As a caregiver, you may be asked to take on many roles. Perhaps you'll serve as a personal assistant, arranging treatment schedules and transportation. Maybe you'll have to assume financial, legal or housekeeping chores. You may also be asked to do some basic home health duties, such as administering intravenous medicines or helping your partner dress or use the bathroom.

Open communication

As valuable as all these responsibilities are, one of your central roles as a caregiver involves communication. It can help both of you to talk about your partner's illness and treatment and the pressures they can cause.

But often, just when communication is most important, the stress and worry of cancer can make it harder than ever for some couples to connect.

According to the American Cancer Society and others, there are several things a caregiver can do to keep communication flowing:

→ Take your cues from your partner, and understand that people communicate differently. Some are talkative, while



others say what they mean through gestures or actions. Sometimes it's best to postpone a conversation for another time.

→ Understand that some people may not want to start a difficult conversation on their own but will talk if you bring up the subject.

→ Listen when your partner speaks. Don't change the subject or interrupt. Making yourself available just to listen can be one of the most supportive things you can do.

→ When the time is right, share your own thoughts and feelings about your partner's illness and treatment. Cancer also has a significant impact on your life.

→ While conversations about cancer are important, don't limit your talks to that topic alone. Encourage your partner to talk about other things going on in your lives.

Ask for help

If you and your partner are having trouble communicating, consider asking other caregivers how they handle this part of their role. You might also want to talk to a mental health professional about the best ways to communicate with your partner.

Overall, the caregiver's job can be difficult, but it can also be rewarding in ways you may not have anticipated. You may discover inner strengths and abilities you didn't know you had. You may also develop better communication and a closer relationship with your partner.

BMH LifeFit Community Health offers a number of resources for people diagnosed with cancer and their loved ones. Call 843-522-5570.



Cancer Take care of yourself

Caring for a loved one with cancer is a big job. But don't let it overshadow your own very legitimate physical and emotional needs.

Remember, putting in a little effort to bolster your own body and spirit will help you better care for your partner.

According to the American Cancer Society and others, there are several things you can do:

- ✓ Try to maintain a healthy diet, and try to exercise at least a little bit each day. Even 15 to 30 minutes of activity can help ease the stress common to caregivers.
- ✓ Get enough rest. If you aren't sleeping well at night, try taking short naps during the day. If sleep becomes an ongoing problem, talk to your doctor.
- ✓ Consider joining a support group. It's a good way to see how others deal with some of the same issues you're facing.
- ✓ Set aside some time for fun. Connect with a friend. Work in the yard. Watch a movie. Let yourself laugh.
- ✓ Ask for help. You may find family, friends and neighbors eager to help with some of the caregiving duties.
- ✓ Keep up with your own medical checkups and screenings.

If you're feeling overwhelmed, talk to your partner's healthcare team about resources available to help you.

IRRITABLE BOWEL SYNDROME

Speak up about your digestive distress



MILLIONS OF AMERICANS are living with irritable bowel syndrome (IBS). But many of them aren't talking about it. They're just doing their best to deal with the discomfort—even though they don't have to go it alone.

While there is no cure for IBS—a digestive condition that can cause abdominal pain, bloating and other uncomfortable symptoms—treatment and careful management of the condition can help many people feel better.

What's going on inside?

According to the National Institutes of Health, IBS disrupts the normal function of the colon, or large intestine. The resulting symptoms, which may come and go or linger a long time, can include:

→ Abdominal pain or discomfort that may be relieved by a bowel movement.

→ Frequent diarrhea or constipation, or alternating episodes of both.

→ Bloating.

→ Mucus-filled stool.

The precise cause of IBS isn't known. But people with the disorder may have a colon that's overly sensitive to stimuli, such as certain foods or stress.

If you think you might have IBS, talking with your doctor is the first step toward feeling better. He or she will ask about your symptoms, take your medical history and perform a physical exam. Your doctor also may want to rule out other bowel problems by using stool, blood or imaging tests.

To help ease your symptoms, your doctor may suggest that you change your diet, take medications and manage your stress.

Beaufort Memorial has board-certified gastroenterologists on staff. Call our Doctor Referral Service at 888-522-5585.

CELIAC DISEASE

An inside problem



IMAGINE THAT no matter how much you eat, your body can't get the nutrients it needs. That's not an imaginary problem for people with celiac disease.

At the root of celiac disease is an abnormal immune reaction to gluten, a protein found in wheat, rye and barley. For people with the illness, eating gluten causes the immune system to attack part of the lining of the small intestine called the villi, where your body absorbs much of the nutrients from the food you eat. When the villi are damaged, nutrients cannot be absorbed and this can lead to malnutrition.

Symptoms of celiac disease vary greatly and can include: → Chronic diarrhea, constipation or pale, foul-smelling stool. → Unexplained iron-deficiency anemia. → Fatigue. → Abdominal bloating and

pain. → Arthritis or pain in the bones or joints. → Missed menstrual periods. → Fertility problems and miscarriage. → Delay in growth and weight gain in infants. → Short stature and delayed puberty in children and adolescents.

A blood test can tell you if you have the disease. Screening can be especially important, since the symptoms of celiac disease may go unnoticed or undiagnosed for many years.

If you have celiac disease, the only treatment is to avoid eating any gluten. Even small amounts can exacerbate the disease. Watch out for hidden sources of gluten, such as modified food starch and preservatives made with wheat. Read food and drink labels carefully, and ask about ingredients when eating out.

National Institutes of Health

In loving honor and memory

The BMH Foundation gratefully acknowledges the following tribute gifts received September 14, 2010, to January 7, 2011. To make a tribute gift, call **843-522-5774** or go to www.bmhsc.org and click on "Donate Now."

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Did you know?

According to the CDC, hospital-acquired infections are blamed for the deaths of at least 90,000 people in the U.S. every year.

BMH is taking aim at infections—and taking them out. See page 14.

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Fripp for a Cure benefits cancer center

RESIDENTS OF FRIPP ISLAND hosted the annual Fripp for a Cure in October to benefit local cancer services offered by Beaufort Memorial. A gala and auction topped off a monthlong series of events, which included a cruise; a 5K run/walk; and tennis, bridge and golf tournaments, with competitors from all over the county showing their talents and support.


Barbara and Fred Fuerst, honorary co-chairs of the event, note how fortunate they and their neighbors are to have the excellent services and staff of the Keyserling Cancer Center readily available. The quality of services will continue to improve since the 2010 Fripp for a Cure organizers, Chris Assaf and Bev Fineis, concluded the monthlong festivities by presenting a \$48,000 check to the center.

“This is fabulous!” says Rick Toomey, BMH President and CEO. “We are honored to be the recipients of this extraordinary effort, which speaks so highly of the Fripp community.”

Stay tuned—plans are already underway for next year’s Fripp for a Cure in October 2012!

Keyserling Cancer Center

Donations from the community helped build the state-of-the-art center in 2005. As of 2010, the center has received accreditation from the American College of Surgeons.

 Learn more at www.bmhsc.org and click on “Our Services,” then “Keyserling Cancer Center.”

Mental Health Professional of the Year

SUSAN SOUTH, RN, director of BMH’s Mental Health Program, received the prestigious Mental Health Professional of the Year award at the annual conference of the National Alliance on Mental Illness–South Carolina (NAMI–SC) in Columbia in October. Noting that South has directed the BMH program for the past 10 years, the presenter stated that South has been highly committed to her profession and actively volunteers to speak on behalf of NAMI to build awareness and to reduce the stigma of mental illness. BMH’s Mental Health Program is one of a very few hospital-based programs in South Carolina.

