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Windward Health

JOURNAL OF WELLNESS AND GOOD HEALTH CARE

WINTER 2009

THERE'S NO PLACE LIKE HOME

Castle Medical Center provides quality care at home with the Community Care program

BY MELE POCHEREVA

From Kailua to Kahuku, Hawai'i Kai to Waianae and neighborhoods in between, a team of some 100 registered nurses, certified nurse's aides and personal care aides make their rounds throughout the week. But they're not seeing patients in hospitals or nursing homes; they are providing a full spectrum of medical and daily living services for those who have opted to be cared for in their own homes with the assistance of Castle Medical Center's Community Care program.

Serving all of Oahu since 1999, the program's experienced, multidisciplinary staff delivers a



HEALTHY, HAPPY AND AT HOME: Find out more about the at-home care services available through Castle Community Care. Call 247-2828 or e-mail CastleCare@ah.org.

comprehensive "a la carte" menu of services for people of all ages, from 24-hour care for a medically fragile infant to weekly visits with an Alzheimer's patient while his wife attends an exercise class and has lunch with her friends.

AN AFFORDABLE CHOICE The annual cost to live in a nursing home or assisted living community is rising and can have a significant financial impact on many household budgets, says Cynthia Blake, RN, MSN, program manager for Castle Community Care.

Equally important is the quality-of-life impact, she says. "Enabling an elderly parent or a disabled or chronically ill family member to be cared for at home, in familiar surroundings, helps keep them engaged in life. For many people, a certified nurse assistant can provide the

high degree of skill and knowledge they need at a more affordable cost.

"We believe our agency is on the leading edge of an emerging trend among Baby Boomers and Generation Xers who are seeking new alternatives for long-term care, whether it's for their aging parents or for themselves," Blake says. "We receive a lot of calls from sons and daughters who are choosing at-home care instead of nursing homes for their parents, and they also may be juggling full-time jobs and caring for their own children. Our job is to work with the family caregiver or with the clients themselves to determine how we can best support them, whether it's round-the-clock skilled nursing care or simply companionship and a few errands each week."

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"Enabling an elderly parent or a disabled or chronically ill family member to be cared for at home, in familiar surroundings, helps keep them engaged in life."

—CYNTHIA BLAKE, RN, MSN, CASTLE COMMUNITY CARE PROGRAM MANAGER



JAN. 22
SAVE THE DATE

NEW YEAR, NEW YOU!—see page 8.
Jumpstart your successful weight management.

A SIGHT FOR SORE EYES

Latest glaucoma treatment now offered at Castle

GLAUCOMA IS THE leading cause of blindness among Americans. It is the result of an imbalance between the eye's production of fluids and the drainage of these fluids through a passageway called the trabecular meshwork. The pressure that builds up inside the eye puts pressure on the retina's nerve fibers and can lead

to irreversible vision loss.

A relatively new outpatient procedure to relieve the pressure is now available at Castle Medical Center. Called selective laser trabeculoplasty, the procedure uses a microscope and a low-level laser beam applied to the trabecular meshwork to open up the eye's drainage system.

"Laser treatment for glaucoma has been around since the late 1970s, but this newest technology has several advantages over the older argon lasers," says George Nardin, MD, a Castle ophthalmologist. "While the results vary for each patient, the procedure's effects can last anywhere from three months to three years. Furthermore, unlike the argon laser, these new lasers do not use thermal energy to lower the pressure, so there appears to be less damage to the trabecular meshwork. That means we can use it repeatedly, when needed."

Dr. Nardin points out that medications are usually the first step in treating glaucoma. "Often we will start a patient's treatment with easy-to-use eye drops applied once a day to control the pressure," he says. Eventually several other types of drops may be needed throughout the day. That can be hard to remember, especially for older patients. And the cost of these medications can add up each month.

Nowadays selective laser trabeculoplasty is generally recommended before patients get to the point of needing three or four different types of drops, Dr. Nardin says. "Our patients have better control of their glaucoma when they don't have to remember multiple medications during the day. Laser treatment can eliminate the need for multiple medications and, in some cases, it can eliminate the need for medications altogether. It's great to have this procedure so accessible for our Windward Oahu patients."

Looking for an ophthalmologist? Phone Castle's call center at 263-5400.



The WOW van brings health screenings and information to community members at a range of events. To schedule a WOW van visit, call 263-5050.

WOW VAN

ON THE ROAD TO HEALTH

CASTLE MEDICAL CENTER'S Wellness On Wheels (WOW) van is hitting the road to promote healthy lifestyles. Stocked with an array of health information and equipment to show health and wellness DVDs, the van is a frequent attraction at local farmer's markets, health fairs and other special events.

The welcoming WOW staff members can provide health screenings, such as blood pressure checks and carbon monoxide testing, and are available to coach visitors about ways to be more physically active, eat more nutritiously and stop smoking.

To schedule a WOW van visit, please call the Wellness & Lifestyle Medicine Center at 263-5050.



TAKE ACTION

Start off the new year well with our healthy cooking classes—see page 8.

HOW TO FIND US

call us:
808-263-5500

e-mail us:

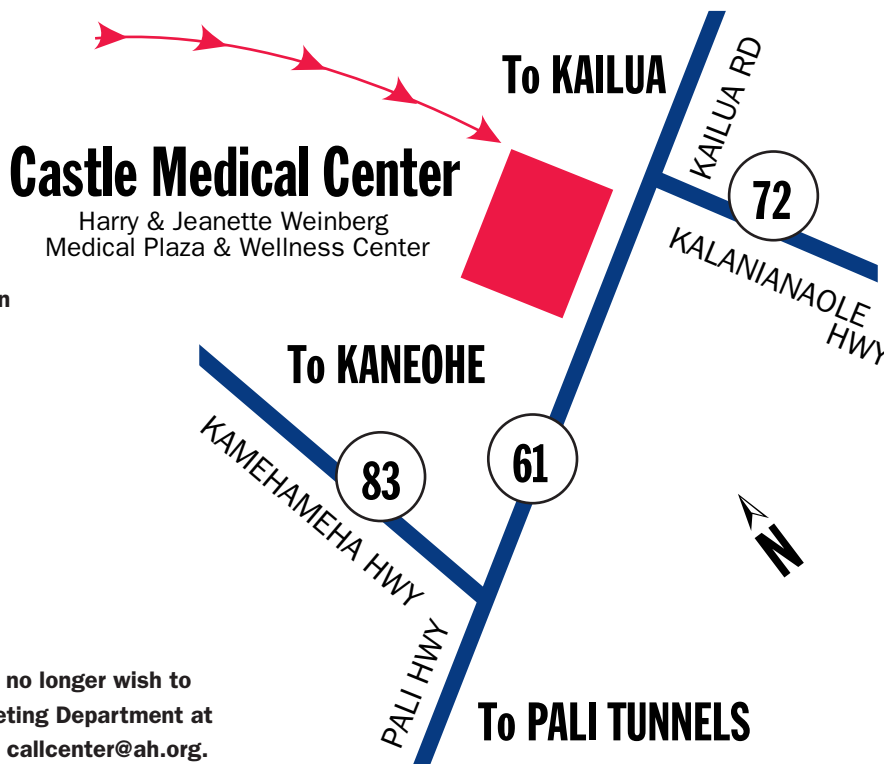
Visit our website at www.castlemed.org and click on "Contact Us." We'd be happy to hear from you!

- Send us a comment.
- Request a Castle brochure.
- Request a physician directory.

write or visit us:

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Care at home

—Continued from page 1

Most long-term health insurance plans cover these services, which include management of medications and chronic health conditions; wound care; respiratory care; occupational, physical and speech therapy; and social workers, among other skilled services. Personal care aides are available to assist with bathing, cooking and household chores; exercise; grocery shopping; transportation to medical appointments; and other activities.

Castle recently enhanced its Community Care program with palliative, end-of-life care and—at the other end of the spectrum—at-home lactation consultations for new mothers.

It's important to know that regardless of the level of services required, a registered nurse is on call 24/7 should any emergency arise. Castle also supports the Lifeline medical alert service for those who choose to install this state-of-the-art emergency communication system at home.

CHOOSING AT-HOME CARE The first step if you're seeking care for yourself or a loved one is to sit down with one of the agency's registered nurses. The nurse can answer questions about the services that are needed and help you design a personalized care plan. The nurse will continue to serve as the case manager to ensure consistent care and communication with the family.

"The case managers really focus on creative solutions that provide each client with as much or little care as they require," Blake says. "They also work hard to find the best match between client and staff so that the care provided is a positive experience for everyone. We like to think of ourselves as an extension of our clients' families."

Blake, a registered nurse who also holds a master's degree in nursing, joined Castle Community Care in March 2008, bringing a wealth of experience to the program and

the families it serves. Along with a background in psychiatric care—she managed a psychiatric unit in New York City—she has worked in risk and quality management and is working toward a doctorate degree in holistic nutrition.

She also is a professional life coach. This training, Blake says, helps her guide her own staff in handling sensitive situations and addressing caregiver needs and concerns—all of which contribute to satisfied clients and employees.

"Our ultimate goal is to create a supportive environment that puts clients and families in charge, enabling them to live in their own homes and make their own decisions about the care they receive," says Blake. "Castle Community Care is all about 'living your choices.'"

Find out more about the at-home care services available through Castle Community Care and Home Care. Call 247-2828 or e-mail castlecare@ah.org.



Heart attack: Pay attention to these signs

Sometimes, a wait-and-see approach is in your best interest.

But that's never true if there's any chance you or anyone around you is having a heart attack. Here's why:

- The first hour after symptoms start is the most dangerous time of a heart attack. This is when your heart might suddenly stop beating. Your very survival may depend

on the availability of medical help.

- Doctors today have clot-busting drugs and artery-opening procedures that can stop or reverse a heart attack. These treatments can limit damage to the heart. But to be most effective, they must be given shortly after symptoms appear.

Even so, most people in the midst of a heart attack delay getting emergency help.

Some let precious minutes slip by because they falsely blame their symptoms on something else. Still others are afraid of feeling foolish if they go to the hospital and learn they're not having a heart attack.

Don't make either one of those mistakes.

Know these heart attack warning signs and respond to them immediately by calling 911:

- **Chest discomfort.** This signature heart attack symptom affects the center of the chest and lasts for more than a few minutes—or goes away and comes back. Discomfort can feel like uncomfortable pressure, squeezing, fullness or actual pain.


- **Discomfort elsewhere in the body.** The back, neck, jaw, or one or both arms may be involved.

- **Shortness of breath.** This may accompany chest discomfort or come before it.

- **Other symptoms of a heart attack.** Be alert to sweating, nausea or light-headedness. Women, in particular, are prone to these sensations.

Again, don't tough out these symptoms or second-guess yourself. If you're uncertain about whether you're having a heart attack, let medical professionals make that call.

Dial 911 within a few minutes—five at most—of the start of possible heart attack symptoms. People who arrive at a hospital by ambulance typically receive faster treatment for a heart attack than those who don't travel by ambulance. And this can't be over-emphasized: Fast action saves lives.

 Our call center can refer you to a skilled cardiologist. Call 263-5400.

Source: National Institutes of Health



Castle News

CMC RECEIVES 'OIHANA MAIKA'I AWARD FOR EXCELLENCE

Castle Medical Center (CMC) received the prestigious 'Oihana Maika'i (Endeavors of Excellence) Purple Lei Award from the Hawaii Award of Excellence (HAE) program in November.

The HAE program is based on the Malcolm Baldrige National Quality Award, which is administered by the U.S. Department of Commerce, and the program is designed to enable organizations to systematically improve performance and capabilities to achieve world-class performance.

"We are deeply honored to obtain this recognition from the Hawaii Award of Excellence program. The Baldrige Healthcare criteria are some of the highest standards of hospital performance in America," says CMC President and CEO Kevin A. Roberts. "Receiving the 'Oihana Maika'i award helps to validate



our initiatives around mission-driven patient care, quality and safety, and responsible management of our limited resources. We will continue

to strive for even better results for our community and, with the Lord's help and blessing, these objectives will be achieved."

The HAE mentioned several key points for giving CMC the award. These points included:

- Maintaining a focus on the future through a clearly stated and consistently positioned strategic planning process.
- Enabling patient-focused excellence through processes that develop an understanding of patients' needs.
- Creating a clear focus on providing care to members of the community, consistent with its faith-based origins, through its mission, vision and values.
- A workforce environment that has been recognized for the past three years as a "Best Place to Work in Hawaii" in *Hawaii Business Magazine*.
- A senior leadership team that guides and sustains the organization through a personal involvement in planning, communications, coaching, and development of associates and new leaders.

The HAE program is administered through the American Society for Quality, Hawaii Section. It is one of more than 40 state and local award programs based on the Malcolm Baldrige National Quality Award.

What are my care choices?

FREE!

Find out at a free seminar in March. Unravel the options for care available in your own home. Call 247-2828.

HEART FAILURE

LEARN MORE, LIVE BETTER

It's easy to get the wrong idea about heart failure. No matter what the name sounds like, it doesn't really mean someone's heart has stopped—or is about to.

◆ “It's a very unfortunate term,” says Ezra A. Amsterdam, MD, a

cardiologist and spokesman for the American College of Cardiology. What heart failure really means is that the heart is no longer pumping blood as well as it should.

When that happens, the body's tissues and organs don't get all the oxygen and nutrients they need, and that can lead to serious health problems.

For example, when the kidneys don't get enough blood, they're unable to adequately do their job of clearing away excess fluid. As a result, fluid backs up in the body, including the lungs, where it can interfere with normal breathing.

“Depending on how mild or severe heart failure is, all of the organs of the body will be affected,” Dr. Amsterdam says.

CAUSES AND RISKS Anything that weakens or damages the heart can lead to heart failure. Often, a number of factors are involved. Major causes include:

High blood pressure. Blood pressure is the force of blood against arterial walls. When it's high, the heart overcomes the added resistance by pumping harder than normal. At first, the overworked heart muscle compensates by thickening and enlarging, but eventually it becomes fatigued and inefficient.

Experts say uncontrolled high blood pressure can double a person's risk for heart failure.

Coronary artery disease. This occurs when cholesterol and other fatty materials build up inside the arteries of the



heart, narrowing and restricting the flow of oxygen- and nutrient-rich blood to the heart muscle.

“The heart is the hardest-working and the most demanding organ in the body in terms of its nutrient needs,” Dr. Amsterdam says. When the fuel lines that supply those nutrients become blocked, the affected section of the heart either pumps weakly or not at all, leading to heart damage.

History of heart attack. A heart attack

results when a coronary artery is blocked and a section of heart muscle dies. Since that section no longer works normally, it places an added burden on remaining healthy heart tissue.

“Many people survive a heart attack,” Dr. Amsterdam says. “But they survive with a damaged heart.”

Diabetes. People with diabetes—a growing number in the United States—are also likely to have high blood pressure as well as increased levels of fatty material

Attend our free seminar “How to Prevent Your First Heart Attack” on Thursday, Feb. 12.

Castle provides families of high-risk patients with CPR training at home, anytime

Imagine how you would feel if you were facing serious heart problems or had just experienced a major cardiac event. Fearful? Perhaps helpless? What if we could provide you, your family and your friends with something to help address some of those fears and empower those around you to take an active role in helping you when it really counted?

A new initiative launched last fall by Castle Medical Center is designed to do just that by providing cardiopulmonary resuscitation (CPR) training in the home. It's called Family and Friends CPR Anytime.

Providing confidence

"Castle has been a community leader in providing cardiopulmonary resuscitation training for Windward Oahu, and we are proud to be the first Oahu hospital to implement this new training program that enables families and friends of high-risk cardiac patients to learn and practice CPR at home," says Ron Sanderson, director of Castle's Cardiopulmonary Department. "Not only is the program convenient, but it

also provides individuals with the skills and confidence to respond to a cardiac arrest should a loved one suffer a heart attack."

Developed by the American Heart Association, Family and Friends CPR Anytime is a personal CPR learning program that is a proven equivalent to taking a traditional, instructor-coached course in basic CPR. Included in the training kits are a personal inflatable Mini Anne CPR-practice manikin with an integrated adult/child compression clicker, a 22-minute DVD with skills practice, and the Family and Friends CPR Anytime student workbook.

"Castle will give complimentary CPR Anytime kits to patients identified by our cardiologists as having increased potential for sudden death and whose family is interested in learning lifesaving skills," Sanderson says. "The kits are theirs to keep so that they can continue to use the materials to practice as often as they like."

Be prepared

Velma Dela Pena of Waimanalo was the first to receive one of the free lifesaving

kits from Castle after her husband Donald's cardiologist recommended the program to her. The mother of five, who also has 23 grandchildren and 15 great-grandchildren, says she and her children all plan to use the training program. "My children think the CPR training is a good idea—you never know when you might need it," she says. "But I'm praying we won't need to use it."

No one can predict when a heart attack may occur, but statistics show that nearly 80 percent of out-of-hospital attacks occur at home with a family



Since Kailua plastic surgeon Barry Miller, MD, suffered a heart attack in October 2008, his wife, Michelle, has been studying CPR in the comfort of their home. She did it with the help of a CPR kit the hospital sent home with her. She wants to be ready in the event of another heart attack. From left, Kristin Rademacher; Michelle and Dr. Miller; Robin Tilton, Castle Medical Center cardiac technician; and cardiologist Maria Markarian, DO.

member present. Being prepared with CPR training greatly increases the chance that the family member can save the victim's life. And that knowledge can provide a healthy dose of comfort and peace of mind for the whole family.

in the blood, which can lead to coronary artery disease and eventual heart failure.

"The increase in diabetes is frightening," Dr. Amsterdam says. "It is a major risk factor for heart disease and thus for heart failure."

Arrhythmia. When the electrical system that controls the beating of the heart is impaired due to disease or defect, the heart beats too fast, too slow or out of rhythm.

When that happens, the heart may be unable to supply blood to the body efficiently.

Heart valve problems. Valve disorders that hinder proper blood flow through the heart—or that allow blood to leak backwards within the heart—can make the heart work harder. Over time, this can lead to heart failure.

Heart valve damage may come from infection, disease of structures supporting the valves or from problems present at birth.

Heart muscle disease. Anytime the heart muscle is damaged, the risk of heart failure increases. Among the many possible causes: other diseases, infection, congenital problems, or drug or alcohol abuse.

"For the normal, remarkably efficient function of the heart, everything has to be working right," Dr. Amsterdam says. "The muscle has to be brisk and healthy, the valves have to be working right, and the fuel lines to the heart have to be clear. Otherwise, you're at risk of developing heart failure."

OTHERS AT RISK Since it can take years for heart failure to develop, older people are at higher risk for the disease than younger people. According to the National Heart, Lung, and Blood Institute, heart failure is the main reason people 65 and older go to the hospital.

Heart failure is a particular concern to:

- **African Americans.** Compared to people of other races, African Americans are more likely to have more severe forms of the disease, to get the disease at an earlier age and to have it progress more quickly.

- **Overweight and obese people.** Not only does additional weight directly strain the heart, it can lead to other risk factors for heart failure, such as diabetes and coronary artery disease.

- **Smokers.** One study found smoking was linked to a nearly 50 percent increased risk of heart failure.

Right now, about 1 percent of people eventually develop heart failure. That figure is likely to increase in coming years, partly because—thanks to medical science—people are living longer, Dr. Amsterdam says.

"It's a paradox of our therapeutic success," he says. "People who would have died of heart disease in earlier eras—such as from a heart attack—are surviving because of advances in treatment. But they survive with damaged hearts and heart failure."

HEART FAILURE'S SIGNS At first, many people with heart failure have no symptoms or don't connect their

symptoms to a heart problem. As the disease gets worse, however, the signs are more obvious, including:

- Shortness of breath, which is caused by fluid buildup in the lungs. It can occur during activity, during rest and even during sleep.

- Chronic cough, wheezing or labored breathing, all of which are related to fluid in the lungs.

- Swelling in the feet, ankles and legs, which is related to fluid retention. Some people also notice swelling in the abdomen and blood vessels in the neck. Weight gain from fluid buildup is another sign.

- Fatigue and weakness, which are linked to the heart's inability to meet the body's need for blood. Some people are worn out after climbing a few stairs, walking across a room or just getting dressed.

Doctors often diagnose heart failure by taking a medical and family history, evaluating symptoms, doing a physical exam, and conducting tests.

Among other things, the doctor is likely to check a patient's pulse and blood pressure and listen to the heart and lungs with a stethoscope.

Tests may include a chest x-ray, an electrocardiogram or an echocardiogram.

TREATMENT OPTIONS Currently, there is no cure for heart failure. Treatment is usually designed to reduce symptoms, improve quality of life and prolong survival and is based on the severity and underlying cause of the disease.

For example, heart failure caused by a faulty heart valve may require surgery. A pacemaker may be needed if it's linked to arrhythmia. Drugs may be prescribed to control high blood pressure or diabetes.

Generally, people with heart failure are also advised to make changes in their diet and activity level and to take various medications, such as those that expand blood vessels, decrease the heart's workload or help kidneys remove fluids.

PREVENTING HEART FAILURE While early diagnosis and proper treatment can help people with heart failure live longer and more actively, prevention is even more important.

Taking steps to prevent heart disease is a great way to avoid eventual heart failure. Effective steps include controlling blood pressure and diabetes, losing weight if needed, and not smoking.

"Heart failure really starts before it starts," Dr. Amsterdam says. "Protection begins with taking care of ourselves through prudent diet, appropriate physical activity and regular checkups with a doctor."

Take charge of your health

Find out how you can prevent your first heart attack at a **FREE seminar on Thursday, Feb. 12.** See page 8 for details.



LUNG CANCER: A MAJOR RISK FOR WOMEN

MANY WOMEN BELIEVE that breast cancer is the leading cause of cancer deaths in women.

The truth is, however, lung cancer kills about 30,000 more women a year in the United States than does breast cancer. That gives lung cancer the dubious distinction of being the No. 1 cancer killer of American women.

The rise in lung cancer deaths among women is so dramatic—600 percent over a 50-year period—that the Office of the U.S. Surgeon General calls it a full-blown epidemic.

Yet lung cancer is the most preventable cause of early death in both men and women in this country.

CAUSES AND CONCERNS Heredity, hormones, the human papillomavirus (HPV) and exposure to chemicals may affect whether some women get lung cancer. Secondhand smoke also plays a role.

But by far the most common reason for lung cancer is well known and well documented: tobacco. About 90 percent of all lung cancer cases are caused by smoking.

Smoking isn't a risk just for lung cancer, either. It's linked to at least 10 other cancers, including those of the kidney, bladder, mouth and voice box. It also increases a woman's risk for:

- Heart disease and stroke.
- Low bone density and bone fracture.
- Cataracts and age-related macular degeneration.
- Chronic coughing, wheezing, bronchitis and emphysema.
- Complications during pregnancy and birth, including miscarriage, stillbirth, premature birth and premature infant death.

WHY WOMEN SHOULD QUIT Some people do beat lung cancer, but it's not the norm. Only about 16 percent of patients live five or more years after a diagnosis of lung

Need help quitting? Sign up for our free 30-minute Stop Smoking Seminar or the Breathe Free Class. Individual coaching available. Call 263-5400.

cancer, compared to 89 percent of people with breast cancer, reports the American Cancer Society.

Symptoms of lung cancer include a persistent cough, chest pain, blood-streaked sputum, and recurring pneumonia or bronchitis.

The best advice: Never start smoking. If you do smoke, the sooner you quit, the better. It's never too late to stop smoking.

Twenty minutes after crushing out your last cigarette, your heart rate and blood pressure drop. After 12 hours, your body clears itself of carbon monoxide.

With each passing day, your risks for smoking-related health problems go down.

Never mind if you've tried to quit before. Some people try eight or 10 times before they finally stop for good. If one approach doesn't work, try another. And another.

Help for stopping smoking

Cold turkey is one way to quit smoking. But many people need some extra help, and these days they have many choices. If one method doesn't work, another might.

Some stop-smoking aids are available over the counter:

■ **Nicotine gum.** Nicotine from the gum absorbed through the mouth's mucous membranes helps relieve withdrawal symptoms. Nicotine gum comes in two strengths and is recommended for use for one to three months.

■ **Nicotine patches.** These give measured doses of nicotine through the skin. You are weaned off by switching to lower-dose patches over several weeks.

■ **Nicotine lozenges.** These come in two strengths. The manufacturer recommends a 12-week program that increases the time between lozenges.

Other stop-smoking aids require a doctor's prescription:

■ **Nicotine inhalers.** These deliver a spray of nicotine vapor to your mouth.

■ **Nasal sprays.** Nicotine in the spray is absorbed through the nose and quickly delivered to the bloodstream.

■ **Bupropion (Zyban, Wellbutrin).** This is an antidepressant that acts on brain chemicals related to nicotine craving.

■ **Varenicline (Chantix).** This medicine interferes with nicotine receptors in the brain. It makes smoking less pleasurable, and it reduces withdrawal symptoms.

A few studies have shown that using two stop-smoking aids at once might help some people quit, but the U.S. Food and Drug Administration has not approved combining these medicines. Be sure to talk to your doctor first if you are considering using more than one at a time.

In addition to dealing with the physical side of withdrawal, many people trying to quit need some emotional help too. A stop-smoking program may help.

For suggestions, contact:

■ **The Hawaii Tobacco Quitline at 800-QUIT-NOW (800-784-8669).**

■ **The National Cancer Institute at 877-44-U-QUIT (877-448-7848).**

■ **The American Cancer Society's Quitline at 800-ACS-2345 (800-227-2345).**

CANCER MYTHS DISTRACT FROM REAL RISKS

DID YOU GET a cancer scare e-mail today?

You know the type—a message filled with dire warnings that some product is linked to cancer. The e-mail usually ends by urging you to “forward this to everyone you know.”

Before you hit *send*, consider this: Worrying about rumors can divert us from taking steps that are proven to help reduce our risk for cancer.

FOUR MYTHS TO IGNORE

Myth Air pollution causes more lung cancer than smoking.

Fact Smoking is the biggest risk for lung cancer by far. You don't even have to smoke yourself, notes the American Cancer Society (ACS). Just living

with or working around people who smoke poses more danger to your lungs than polluted air.

Myth Cell phones cause cancer of the brain.

Fact There is no consistent evidence linking cell phones to the overall risk of brain cancer, reports the ACS. One study even found a decrease in cancer risk among people using cell phones for 10 years or more.

Myth Antiperspirants and deodorants cause cancer.

Fact Despite this myth's popularity on the Internet, no scientific studies back up its claims. It is true that women are advised to avoid these products before having a mammogram, notes the ACS. But that's because they can create confusing spots on the x-ray—not

because they're dangerous to their users.

Myth Fluoridated water causes cancer.

Fact This is a long-running debate, according to the National Cancer Institute. However, a recent summary of studies on the subject to date found no credible evidence that it is true.

FOUR FACTS TO REMEMBER According to the ACS, we can help prevent two-thirds of all cancers with four behaviors: ● Avoiding tobacco. ● Exercising regularly. ● Maintaining a healthy weight. ● Eating a healthy diet that emphasizes fruits and vegetables.

Now that's information to forward to everyone you know.



Hip replacement surgery takes several hours. It involves these steps:

- ❶ Removing the head of the femur (thighbone) and some bone from its center.
- ❷ Fitting the implant into the femur.
- ❸ Cutting away diseased bone and cartilage from the hip socket.
- ❹ Fitting a cuplike implant into the socket.
- ❺ Reattaching muscles and ligaments to secure the new joint.

Minimally invasive hip replacement may be an option for some people who are younger, thinner and healthier than the typical candidate for hip surgery.

Minimally invasive surgery involves making one or two smaller incisions and cutting less soft tissue than traditional hip replacement surgery. Recovery time can be shorter, but the risks and long-term benefits have not been established, reports the AAOS.

Another promising newer technique is hip resurfacing, which preserves more bone than traditional surgery and leaves the option open for total hip replacement later.

THE HEALING PROCESS Recovery from hip replacement surgery is a stand-up deal. Literally.

Most people stand and walk with help the day after hip surgery. Light exercises are started in the hospital, and patients learn how to bend and sit to prevent injury to the new hip.


When a patient returns home, he or she will begin an exercise plan that includes: ● A walking program that slowly increases mobility. ● Specific daily exercises to restore movement and to strengthen the hip joint.

Full recovery from hip replacement surgery takes three to six months, reports the National Institutes of Health. Artificial hips don't have as much range of movement as natural, healthy hips. But with some caution, most people who have an artificial hip can return to an active lifestyle.

NEW HIP, NEW LIFE In the past, hip replacement surgery was reserved for people older than 60—mainly because their lifestyles, which tended to be less active than younger adults', put less stress on the new hip.

But improved implants now last longer and withstand more stress, and younger people who have surgery before joint deterioration becomes advanced tend to recover more easily than older adults.

"When you get to the point where you need a new hip, you shouldn't wait," says Dr. Delanois. "There's no reason to forgo quality of life."

 Call 263-5400 for information about our Joint Care Center.

REPLACING A HURTING HIP

Surgery can turn the odometer back to zero on a worn-out hip

WHEN MARTHA LAUTERBACH'S knee pain started making her limp, she finally went to the doctor. That's when she found out her knees weren't the problem.

"It was my hip," she says. "The pain was being referred to my knees, and in the end I needed a total hip replacement."

That made Lauterbach one of nearly 200,000 people in the U.S. who get this surgery each year. For most of them, hip replacement dramatically improves their quality of life.

A PAIN IN THE HIP Besides the knee, hip pain can also be felt in the thigh and buttock. The most common symptom of hip problems, though, is a dull, aching pain deep in the hip or groin, explains Ronald Delanois, MD, speaking for the American Academy of Orthopaedic Surgeons (AAOS).

"People often come in when their pain makes walking difficult," Dr. Delanois says.

These symptoms point to osteoarthritis, the wear-and-tear type of arthritis that usually happens with age. It's the most common reason for replacing a hip.

Less often, hip replacement is done because of rheu-

matoid arthritis, an injury or other problems.

Surgery usually isn't the first option for hip arthritis, says Dr. Delanois. Exercise can help by building up muscle around the joint, and losing weight can relieve pressure. Certain medicines, such as nonsteroidal anti-inflammatories, can also help.

But arthritis usually worsens over time, and these treatments may be less and less helpful. Eventually, your doctor may suggest surgery.

Get the information you need. Attend one of Castle's day or evening Joint Care seminars. See page 8.

"There are a number of different procedures, and it's important to fit the surgery to the patient," says Dr. Delanois.

TRIED AND TRUE Total hip replacement surgery has been done for decades with good success. According to Dr. Delanois and the AAOS, more than 90 percent of hip replacements done even as long as 20 years ago are still functioning.

JOINT REPLACEMENT

COMFORT FOR PATIENTS

KEVIN A. ROBERTS, Castle Medical Center president and CEO (standing), and Robin Pacson, director of Medical/Surgical Services/Nursing Resources, show off a reclining chair that was recently purchased for joint replacement patients. The purchase of the chairs was made possible by a \$5,000 grant from the Friends of Hawaii Charities.

These recliners are used for the comfort and recovery of postsurgical joint replacement patients, Pacson says. When the footrest is used, it helps to decrease swelling in the legs, which decreases pain or discomfort

and thus helps to improve mobility. The ease and comfortable use of the chair also encourages patients to get out of bed, which in turn improves pulmonary function. These chairs are a vital part of the rehabilitation and recovery process of the postsurgical joint replacement patients.

"Castle Medical Center is blessed to have private foundations, such as Friends of Hawaii Charities, who support us and our patients," Roberts says. "We are thankful for their generosity that has this positive effect on our patients."



TAKE TIME FOR YOUR HEALTH

Castle Medical Center



Celebrate the new year by taking steps toward better health. Check out the opportunities at Castle Medical Center. We invite you to register for a health-promoting class or seminar or call for a physician referral. Take charge of your health. Call 263-5400 or visit our website at www.castlemed.org.

EVENTS CALENDAR



COOKING CLASSES

Delicious meal and recipes included with each class. Class fee: \$15/person or \$20/couple. Students and seniors (65+) with ID: \$10. Preregistration and fee due two days before each class.

Chinese New Year

Thursday, Jan. 29
6:30 p.m.

Join chef Paul Onishi to celebrate the Year of the Ox. Strengthen your body with an array of powerful, plant-based dishes that are delicious, are fun to prepare, and will help you live healthy and prosper in the year ahead.



Local chef Paul Onishi

Eating for Life, Mediterranean Style

Thursday, Feb. 26
6:30 p.m.

Need to make some changes to the way you eat, but not sure where to start? Learn from Italian-born chef Sabino Manzulli, who is passionate about living and eating!

The Vietnamese Vegetarian

Thursday, March 26
6:30 p.m.

A recent graduate of the Vietnamese Cookery Center in Saigon, chef Rebecca Woodland is excited to share the secrets of making Vietnamese classics using only plant-based ingredients. Enjoy a meal of spring rolls, green papaya salad, curry stew, and a refreshing dessert.

EXERCISE CLASSES

Registration required (may include medical clearance).

- Bone Builder
- Core Strength
- Foundations for Fitness
- Freedom of Movement
- Interval Training
- Longer Life
- Morning Stretch
- Pilates
- Steady on Your Feet
- Qigong



FAMILY

Call for locations.

Lamaze Prepared Childbirth

Six sessions.

■ Sundays, Jan. 18 to Feb. 22, 11 a.m. to 2 p.m.

■ Sundays, Feb. 15, 22 and March 8, 4:30 to 7:30 p.m.; March 15, 11 a.m. to 2 p.m. and 3 to 6 p.m. (double session); Thursday, March 19, 6:30 to 9:30 p.m.

■ Mondays, Jan. 26 to Feb. 23, and Tuesday, Feb. 24, 6:30 to 9:30 p.m.

■ Mondays, March 9, 16 and April 6 to 27, 6:30 to 9:30 p.m.

Delivering at Castle: \$65 (couple); public: \$75 (couple)

Birth Center Tour

Tuesdays, Jan. 6, Feb. 3 or March 10, 6 p.m.

Call for reservations.

General Newborn Care

Tuesdays, Jan. 6, Feb. 3 or March 10
6:30 to 9:30 p.m.
\$25 per couple

Breastfeeding

Thursdays, Jan. 8, Feb. 12 or March 12
6 to 8:30 p.m.

\$25 (or free with Lamaze or Childbirth Basics)

Taught by a certified lactation consultant.

Childbirth Basics Seminar

Tuesdays, Jan. 13 or March 17
5 to 10 p.m.

Delivering at Castle: \$45 (single) or \$55 (couple); public: \$50 (single) or \$65 (couple)

Infant CPR and Safety

■ Tuesdays, Jan. 20 or Feb. 10, 6 to 9 p.m.
■ Sunday, March 8, 11 a.m. to 2 p.m.

\$15 per person
Does not provide certification.

Prenatal Fitness

Classes offered mornings and evenings

Improve cardiovascular capacity, overall strength and flexibility in preparation for childbirth and caring for a newborn. A great opportunity to connect with other expectant mothers. Call 263-5050 for information and registration.



FITNESS

Personal Training

Ongoing, by appointment
Assess your current fitness level and receive an individualized program. Work with a trainer to reach your fitness goals. Package and group rates are also available. Call 263-5050 for more information.

JOINT CARE

Joint Care Seminars

■ Day: Jan. 8 or Feb. 19
10 to 11 a.m.

■ Evening: Jan. 29 or March 12

Thursdays, 7 to 8 p.m.
Pikake Room

Learn about the causes of hip and knee pain and how you can reduce pain using diet, exercise, medication or joint replacement surgery. Call for information and registration.

NUTRITION

Fees may be covered by your insurance. To register or for more information, call 263-5050.

Diabetes Interactive Group Education

Four-class series.

■ Evenings: Mondays, beginning Jan. 19, Feb. 23 and March 30
6:30 to 8:30 p.m.

■ Days: Tuesdays, beginning Jan. 20, Feb. 24 and March 31
10 a.m. to noon

Designed to transform the way you learn about diabetes self-management.

Nutrition Counseling

Ongoing, by appointment
To help you get on a healthy diet and nutrition program for optimal health. Focuses include general nutrition, weight loss, diabetes, heart disease and cholesterol reduction.

SMOKING CESSATION

Breathe Free

Eight sessions.
Classes begin Jan. 20 and March 17
7 to 8:30 p.m.
\$120 for eight sessions
Fee may be covered by your insurance.



ADVANCES IN MEDICINE WELLNESS SEMINARS

Free

Seating is limited, and preregistration is required.

■ Sleepless in Kailua: Effective Interventions
Thursday, Jan. 15, 6:30 p.m.

Jamil Sulieman, MD, internal medicine

■ How to Prevent Your First Heart Attack
Thursday, Feb. 12, 6:30 p.m.

Sonny Wong, MD, cardiologist

■ Healthy Lifestyles for Kids
Thursday, March 12, 6:30 p.m.

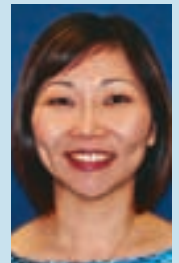
Gail Nakaichi, MD, pediatrician



Jamil Sulieman, MD



Sonny Wong, MD



Gail Nakaichi, MD

SUPPORT GROUPS

Free and open to anyone needing support.

- Bereavement
- Cancer
- Caregivers'
- Parkinson's

WEIGHT LOSS

Weight-Loss Surgery Seminar

Wednesdays, Jan. 21, Feb. 18, March 18
6:30 to 8 p.m.

FREE

Preregistration required

Learn about Castle's comprehensive surgical weight-loss program from bariatric surgeon Steven Fowler, MD, and other members of the bariatric team.



Steven Fowler, MD

New Year, New You!

Thursday, Jan. 22
6:30 p.m.

FREE

Learn about proven weight, heart health, and diabetes management strategies and tools, as well as how to prevent "falling off the wagon." Features local success stories and free Medifast samples (learn more at www.castlewellness.tsfl.com/hp). Schedule a one-on-one appointment for a consultation and taste testing.

Individualized Weight Management Program

Ongoing, by appointment

Includes four one-on-one nutrition counseling sessions with a registered dietitian, four personal training sessions with a certified exercise specialist, menu planning, fitness classes and body composition analysis. Call 263-5050 for more information.