IN THIS ISSUE

On the Cover:
From Race to Recovery: Ken’s Story
Mastering the Art of Napping
HOW TO STOCK A HEALTHY PANTRY
What to Know for Your First Mammogram
Master the art of napping

Nothing beats a good night of sleep. But seven to eight hours of shut-eye a night isn’t always possible. If you’re sleeping less than six hours a night, a midday nap can do a lot to make sure you aren’t going too far into sleep debt.

“Efficiency and productivity increase significantly when you’re well-rested,” says Sarah Hussain, MD, DSM, medical director of the Sleep Center at Sycamore Medical Center. “If you’re not getting enough sleep at night, the body will crave sleep, and you will need a nap.”

THE POWER NAP. If you have the opportunity to do so, Dr. Hussain recommends taking a 10- to 20-minute nap in the middle of the day for a burst of energy. This will also help increase your alertness and productivity.

THE 30-MINUTE NAP. Napping for 30 minutes a day has been linked to an increase in stamina and creativity, and has been shown to improve motor skills, mood, and memory, according to Dr. Hussain. There are even studies that show this type of nap is beneficial for weight loss.

THE LONG NAP. Naps that last anywhere from 60 to 90 minutes can also be useful.

“People tend to wake up with great ideas because it’s like a second morning,” Dr. Hussain says. “You go through rapid eye movement (REM) and non-REM sleep, so you wake up feeling much better.”

A normal sleep cycle consists of three stages: light sleep, deep sleep, and REM sleep. REM sleep is when the majority of dreams occur.

When setting your alarm, though, be aware that naps lasting 60 minutes or longer can lead to grogginess. They can also make it more difficult to get to bed on time.

BECOME A PRO-NAPPER. When taking an effective nap, duration isn’t the only factor to consider. Before lying down for a nap, check the clock.

“Basically, we have a dip in our circadian rhythm between 1 and 3 p.m., so it’s the best time to get a nap in,” Dr. Hussain says. “I tell my patients not to nap after 4 p.m., as this will make them have trouble falling asleep at bedtime.”

Make sure you’re in a dark, cool, and quiet environment for optimal rest. Dr. Hussain suggests earplugs and an eye mask for undisturbed sleep.

Though you may not mark your calendar for them, it’s not a bad idea to get naps in regularly. “Some studies have shown that people who nap three times per week have a 30% decrease in risk of dying from heart disease,” says Dr. Hussain.

TO NAP OR NOT?

NOT A NAPPER? If falling asleep during the day is hard for you, but you’re still not getting the sleep you need at night, Dr. Hussain suggests taking some time to close your eyes and relax your mind. This can help your brain to rest and make you feel recharged.

COFFEE ≠ NAP It’s easy to fall into the trap of thinking that you can just power through what you’re doing with an extra cup of coffee, but this is actually detrimental to your health.

“If you’re not getting enough sleep, your body needs to rest, rejuvenate, and heal,” Dr. Hussain says.

Sleep deprivation can lead to comorbidities such as obesity, cardiovascular disease, anxiety, and depression—so make sure you get enough sleep to avoid these problems.

If you’re concerned about your sleep and would like to speak to a physician, call 1-844-802-9410 or visit ketteringhealth.org/sleep
Ways to avoid obesity and achieve better health
A healthy pantry
Fats: the good, the bad, the ugly
From race to recovery
Join us for healthy living events and screenings
What to know before your first mammogram
When to consider a hysterectomy
What to know about seizures
Myths and facts about carpal tunnel syndrome
Despite our culture’s obsession with weight loss, obesity continues to be a national health issue. Over the past two decades, adult obesity has increased nearly 10%, and childhood obesity rates have increased nearly 5%.

A person is considered obese if their body mass index (BMI) is over 30. A BMI of over 40 classifies a person as morbidly obese. Carrying extra pounds is more than just a vanity issue—obesity is directly linked to a number of chronic diseases and health conditions.

A spectrum of conditions According to James Augusta, DO, bariatric surgeon with Kettering Health Network, obesity is related to dozens of medical comorbidities. “These can include high blood pressure, diabetes, coronary artery disease, peripheral vascular disease, sleep apnea, and even some cancers,” says Dr. Augusta.

“Obesity causes an estimated 300,000 deaths per year. Obesity and its related comorbidities can be thought of like a spectrum of diseases. With enough time, obesity will lead to serious and life-threatening comorbidities and concerning medical conditions in addition to a general poorer quality of life.”

Dr. Augusta shares that weight loss can make a huge difference in improving a person’s overall health. Weight loss methods can look different for different people. However, some key general guidelines can help you start improving your quality of life today.

Find your favorite activity Exercise is a key component of weight loss and an overall healthy lifestyle. Aim to complete some form of exercise three to five times per week for at least 30 minutes per session.

“Find an activity you enjoy,” says Dr. Augusta. “If the exercise is something you hate doing, you’ll never find the time to do it.”

Dr. Augusta also points out that it’s important for patients to continue to push themselves: “When patients are just starting an exercise routine, especially those with a BMI over 40, any exercise will feel difficult. Start with simple exercises, like walking, to build up stamina. Eventually, as your body gets accustomed to the activity level, continue to increase intensity to get the heart rate up.”

For those who struggle with joint pain, Dr. Augusta recommends low-impact activities that still increase the heart rate, such as water aerobics.

Calories in, calories out Just like with exercise, there are a variety of diets to follow that will help people achieve weight loss. “Find a diet plan that works for you,” says Dr. Augusta. “The key is to consume less calories than you’re burning.”

In general, avoiding fast foods, sodas, and highly processed foods will help people to shed extra pounds. Drink plenty of water and aim for three to five servings of fruits and vegetables daily.

Start the conversation early Anyone struggling with weight loss should start talking about their concerns early on.

“Initiating an open dialogue with your primary care provider helps a lot,” says Dr. Augusta. “If a person does wish to pursue bariatric surgery, then having those documented conversations about weight loss with your primary care physician can help with insurance approval.

“Getting started early is key. Research on your own, improve your diet, and talk to your family physician. The biggest take-home point is that weight loss has proven to be lifesaving.”

Source: State of Obesity, stateofobesity.org/obesity-rates-trends -overview

For information about weight loss services and bariatric surgery options at Kettering Health Network, visit ketteringhealth.org/weightloss
Eating healthy begins in the aisles of the grocery store, where you can select items for a healthy pantry. Below are some tips provided by Alicia Buterbaugh, registered dietitian with Kettering Health Network.

**Adequate fiber** is not only important for digestive and heart health, it can also help you reach weight loss goals by making you feel fuller. Choose items such as whole grain crackers, pasta, and breads. For breakfast, choose low-sugar cereals that have at least 2.5 grams of fiber per serving.

In general, men should strive for 38 grams of fiber per day, while women should strive for 25 grams of fiber per day.

When reading a label, Alicia recommends starting with the serving size. “Nutrition information on the label is for the listed serving size,” she explains. “Your typical portion size may or may not be what they list as a serving. If you eat twice the serving size, you need to double all the information on the label, including calories, fat, and sodium.”

One key area to look for on a label is added sugars. By January 2020, food labels must contain the amount of added sugar in each serving. The American Heart Association recommends men to not exceed 36 grams of added sugar, while women and children shouldn’t exceed 25 grams of added sugar per day.

You can decrease added sugar by avoiding sugar-sweetened beverages and limiting desserts and sugary cereals. Instead, sweeten drinks with fresh fruit like cut-up lemons, strawberries, and limes to create a refreshing beverage.

Opt for fiber

Limit added sugar
Shoppers can use the percentage of daily value to quickly determine if an item may be a healthy choice," says Alicia. "If an item has 20% daily value of a nutrient, it is considered ‘high’ in that nutrient, while 5% or lower is considered ‘low.’ Look for higher daily values for nutrients you want more of, like fiber, and lower daily values for nutrients like sodium.”

She warns that daily value is based on a diet of 2,000 calories per day, which is typically more than many people need. Alicia recommends downloading smartphone apps that can help you make better choices. There are apps for food tracking and meal planning, and some apps grade or rate the nutritional value of your selected items.

Some foods are more calorie-dense than others. Calorie density is determined by the caloric content compared to the food’s volume or weight. Dried fruit makes a great snack but should be enjoyed in moderation, as it tends to be calorie-dense. For example, a half cup of seedless grapes has 55 calories, while a half cup of raisins has 217 calories.

Remember: Your pantry items extend to the refrigerator, so stock up on a variety of fresh fruits and vegetables.

The U.S. Dietary Guidelines for Americans recommends limiting sodium intake to less than 2,300 milligrams per day—that’s equal to about 1 teaspoon of salt. Adults with hypertension and prehypertension should limit their sodium intake to 1,500 milligrams per day.

Much of our sodium intake comes from processed foods such as canned soups and entrées, salted snacks, and deli meats.

GOOD-FOR-YOU FOOD
To find recipes created by Kettering Health Network registered dietitians, visit ketteringhealth.org/diabetes
It’s easy to associate any fats in a diet with weight gain—it’s in the name, right? Or maybe you’ve heard that some fats are considered healthy, so they should be incorporated into your diet in high amounts. The truth is, the full story on fats is more complex than either of these extremes.

Fats and your heart In the right amount, unsaturated fat is considered a healthy part of the diet. According to Nathaniel Dittoe, MD, FACC, cardiologist at Kettering Health Network, unsaturated fats have been shown to be heart-protective and to lower your risk of heart disease.

They can also lower your low-density lipoprotein (LDL)—or “bad” cholesterol—and can lower triglycerides, another cholesterol that is associated with poor health when raised. Still, even with these benefits, all fats should be eaten in moderation.

“As a general rule of thumb, all of the fats in your diet should be less than 30% of what you’re eating,” says Dr. Dittoe. “Too much fat in general causes you to gain weight, which is hard on the heart.”

Too many fats in the diet can also contribute to high blood pressure and diabetes, which put stress on the body and indirectly affect heart health.

Watch your food labels While the front of food packages may boast supposedly healthful claims,
like fat-free or low-fat, the back of the package may tell a different story. Dr. Dittoe urges people to check out the nutrition facts, as something low in fat may contain larger amounts of other unhealthy additives.

“A lot of times when fat is taken out of foods, it’s not going to taste good, so usually salt, sugar, or both are added to enhance the taste,” Dr. Dittoe says. “This is also dangerous, as these get converted to fats in your body.”

The best way to stick to a healthy diet is to eat foods that contain saturated fats in moderation, rather than filling up on the “fat-free” versions.

Food label readers, beware: Trans fats are not always listed clearly and may be disguised under the name partially hydrogenated fats.

“To spot trans fats, remember that they tend to be in the worst foods that have a long shelf life, like pastries, cookies, snack foods—a lot of the stuff that’s bad for you anyway,” Dr. Dittoe says.

Be wary of high-fat diets Dr. Dittoe warns against fad diets, like the ketogenic diet, which advise high-fat and low-carb eating.

“I really caution people who are approaching that diet because there have been some patients who have lost weight, but their bad cholesterol numbers went through the roof,” says Dr. Dittoe.

Though patients may see results with weight loss on these diets, they could be paying the price in other areas, as less weight does not necessarily equal improved overall health.
Ken Farkas remembers a lot from September 15, 2018. His alarm didn’t go off that morning, so he was in a bit of a rush to get to the Air Force Marathon.

When he arrived, he parked and stopped to take a photo of the lines of cars coming into the parking lot. The security line was long, so he changed into his running shoes while he waited. These particular details may fade from his memory over time, but what happened later will stick with him forever.

The sound of the gun jolted the crowd to a start, where Ken spoke to a friend as he began the race. “Neither of us were feeling the best,” Ken says. “I remember telling him I hadn’t felt well all week and that I’d either do really well or not make it. Looking back, that was an understatement.”

**Waking up in an ambulance** The nausea began to set in around the ¾-mile marker, where Ken vomited and noted that his arms felt uncomfortable. He drank some water and began to feel better, deciding to walk to the 2-mile mark and reassess how he felt. He passed an acquaintance and paused to take a photo with him. “Looking at the picture, I looked OK—considering what was about to happen,” Ken says.

Just past the 2-mile mark, Ken grew dizzy and felt as if he were going to pass out. The next thing Ken remembers from that day is waking up in an ambulance.

**What happened?** After Ken passed out, he was initially assisted by four fellow runners who performed CPR until emergency medical services (EMS) arrived. The EMS personnel immediately took over and used an automated external defibrillator (AED) to shock Ken back to life. The EMS team then transported him to Soin Medical Center for further care, where it was determined that Ken had experienced a heart attack and had been in cardiac arrest.

His left anterior descending artery was 100% blocked, causing the heart attack, and a stent was inserted into that artery. Following the procedure, he was transported to the intensive care unit (ICU) to recover. It was less than 60 minutes from the time Ken passed out to when he was in the recovery room.

“The care provided at Soin—in the ICU and the other units I was on—was all phenomenal,” Ken says. “To be honest, going in, we had no opinion of Soin and so my wife was a little hesitant to have me go there. Now we are referring people to Soin.”

**Road to recovery** Once recovered, Ken went through cardiac rehab at Greene Memorial Hospital on the recommendation from a neighbor who had recently completed the program. Ken completed a regimen of cardio and strength exercises at increasing levels of endurance and intensity over more than 30 sessions.

“This gave me the confidence that I was able to safely exercise, and my life would return to normal,” Ken says.
“I was really reluctant because when I was done, I was like, ‘I’m fine. I don’t need anything.’ But I do. The folks there were fantastic. I got really good care there.”

Other than a tiny hole in his wrist from the IV, Ken has little reminder of what happened to him.

Preparing for the unexpected As his affinity for running suggests, Ken had been a relatively healthy person. He started running in November 2015 with his first 5K on Thanksgiving Day.

“I tried to do one to two 5Ks per month,” Ken says. “I would run three to four times a week.”

Ken had felt faint in the past during exercise due to dehydration, and at first blamed his symptoms during the Air Force Marathon on something similar. But this time was different.

“I learned regular exercise really helps me counter stress and keeps my blood pressure within normal limits,” Ken says. “If I do the 10K again this year, I’ll make sure I get plenty of rest and stay hydrated.”

And as for his cardiac event, if it weren’t for fast emergency care, Ken may not have had access to the best possible outcome.

“I was truly blessed,” he says. “I thank God every day for all the professionals he put in place that day. It was a miracle!”
HEALTHY LIVING EVENTS

Meet our physicians and medical experts to get your health questions answered. All presentations and events include lunch or appetizers.

Register online at ketteringhealth.org/healthcalendar or call 1-844-883-3420.

BRAIN & SPINE
Back Pain Treatment
Do you experience back pain? Learn about treatment options from our expert spine team.
Kettering Medical Center
Oct. 23, 6–7 p.m.

HEART & VASCULAR
Silent Heart Disease: Uncover Your Risk
Heart-smart habits help combat heart disease and other cardiac conditions. Stay heart-healthy and learn about prevention and treatment options.
Hobart Arena, Troy
Oct. 18, Noon–1 p.m.

BABY FAIR

Fort Hamilton Hospital
Dec. 8, 2–4 p.m.
Heart Health
Keep your heart healthy. Learn from our cardiology specialist about what you can do to improve heart health.
Fort Hamilton Hospital
Nov. 14, 6–7 p.m.

Atrial Fibrillation (AFib)
Heart having trouble keeping rhythm? Learn from our cardiologist about AFib symptoms and treatments to get back to a regular heartbeat.
Grandview Medical Center
Dec. 10, Noon–1 p.m.

Heart disease is responsible for 1 out of every 4 deaths in America each year.

ORTHOPEDICS
Top 10 Hand Conditions
Join our hand surgeon to learn about hand conditions and their treatments.
Ohio Masonic Home Clubhouse, Springfield
Nov. 21, 6–7 p.m.

Osteoarthritis
in Women
Join us as we discuss the causes and symptoms associated with osteoarthritis in women and how best to treat the condition.
Kettering Medical Center
Nov. 20, 6–7 p.m.

SURGERY
Hernia Repair
Don’t let a hernia limit activity. Learn from our specialists about hernia repair and find relief.
Soin Medical Center
Nov. 13, Noon–1 p.m.

WOMEN’S HEALTH
Pelvic Floor Health
Join us to talk about pelvic health issues and get your questions answered. Learn about lasting solutions to managing incontinence and menopause.
Southview Medical Center
Oct. 23, 6–7 p.m.

SAVE THE DATE
MISSION CONFERENCE
Kettering Seventh-day Adventist Church
Nov. 8–9
CLASSES & SCREENINGS

Call 1-844-883-3420. Registration required unless otherwise noted.

DIABETES

Duck Diabetes
Learn how to reduce the risk of getting diabetes and enjoy better health in this free, one-hour presentation. Get practical tips for grocery shopping, eating out, losing weight, and increasing physical activity. Call for dates and locations.

Diabetes Support Groups
If you are living with diabetes, you are not alone. Free diabetes support groups meet each month in Beavercreek, Centerville, and Hamilton. Led by a certified diabetes educator, these groups allow participants to gain knowledge as they share information and ideas. Call 1-888-822-4114 for more information.

EXERCISE & FITNESS

Nutrition Consultation
Experts teach and coach individuals of all ages to reach their goals. Learn about fitting healthier foods into a busy lifestyle, recovering from illness, optimizing athletic performance, or managing a chronic disease.

Sports Acceleration
This training program is uniquely designed for individuals ages 10 and up for targeting specific training needs and goals.

Financial Aid Programs Available
If you ever need emergency or medically necessary care from a hospital (or have already obtained care) and are concerned about your ability to pay your hospital bills, you should know about Kettering Health Network’s financial aid programs. These programs ensure that all patients receive the best quality medical care available, regardless of their financial situation. Some patients may be eligible for a full or partial discount.

For more information, call 1-877-952-6778 or visit ketteringhealth.org/financial.
HEALTHY LIVING

Healthy Holiday Eating
Food is at the center of many holiday gatherings. Learn strategies to enjoy the holidays without overindulging. Cost: free for Years Ahead members; $5 for all others.
Kettering Medical Center, Dining Room No. 2
Nov. 13, 2 p.m.

Say Goodbye to Tobacco
This free, five-week class takes participants through the quitting process and provides a month of nicotine patches, as well as gum or lozenges. Provided in partnership by Kettering Health Network and Public Health–Dayton and Montgomery County.
Kettering Medical Center, Dining Room No. 3
Wednesdays, Oct. 23–Nov. 20, 6–7 p.m.

HEART & STROKE

Blood Pressure Screenings
Know your numbers and get your questions answered. No registration required.
Charles I. Latham Senior Center, Kettering
Nov. 5, Dec. 3, Jan. 7, 11 a.m.–1 p.m.
Miamisburg Community Center
Oct. 18, Nov. 15, Dec. 20, 11:30 a.m.–1 p.m.
Town & Country Shopping Center, Kettering
Oct. 25 and Nov. 22, 9:30–11:30 a.m.

SAFETY

Stop the Bleed
Learn how you can save a life. This one-hour class prepares bystanders to stop uncontrolled bleeding until help arrives.
Kettering Medical Center, Dining Room No. 3
Oct. 28 and Nov. 25, 7–8 p.m.

YEARS AHEAD MEMBERSHIP

Years Ahead, Kettering Health Network’s senior membership program, is available to anyone 50 years of age and older for an annual fee of $10 per person. The program offers wellness information; educational programs; health screenings; free parking at Kettering Medical Center and Grandview Medical Center; discounts at our hospital cafeterias, gift shops, and pharmacies—and much more.
To become a Years Ahead member, call 1-844-599-0694.

Prices and availability are subject to change without prior notification. Unless otherwise noted, registration is required for all classes and screenings.
You get a lot of your “firsts” out of the way early in life—the first day of kindergarten, the first time on a rollercoaster, or the first time driving a car. But for most women, another first comes a bit later in life.

“We recommend beginning mammogram screening at age 40 and to continue to get them annually,” says Meghan Musser, DO, radiologist at Kettering Health Network and medical director of Kettering Breast Evaluation Centers. “If a patient has other risk factors, that may be a reason to begin screening earlier, but that should be discussed with a doctor.”

With every new experience can come apprehension about what to expect. Being prepared is one of the best ways to ease this anxiety.
1 | Think before you schedule  When requesting your mammogram appointment, try to avoid the week just before your period. During this time, your breasts may be tender or sore, which could cause extra discomfort during testing. If your breasts are tender, it may be more difficult for you to tolerate the positioning needed to get clear pictures.

2 | As you get ready to go  While you’re getting ready to go to your appointment, there are a few things you’ll want to keep in mind:

- **DON’T PUT ON DEODORANT.** It could be seen on the X-ray image, so if you aren’t going straight home after your exam, bring it with you to apply after the test. You should also avoid any lotions, powders, or ointments in the chest area.

- **WEAR SEPARATE PIECES OF CLOTHING.** This isn’t a requirement, but since you will be asked to remove your shirt and bra for the exam, you may want to avoid dresses if you don’t want to be fully unclothed.

- **MAKE A LIST.** If you’ve ever had any sort of breast exam or diagnostic exam, make sure you bring a list of where and when those occurred to help the radiologist get an understanding of your medical history.

- **EXPRESS YOUR CONCERNS.** Think about whether you’re experiencing any symptoms or problems with your breasts. This could include pain, swelling, or changes to the skin. It’s important to bring up these concerns during your appointment. If you have any breast symptoms, a screening mammogram may not be the test for you. You should talk to your doctor about these concerns before your appointment because they may order a different test.

3 | During the appointment  Before your mammogram is started, you will be asked to remove clothing from the waist up and will be given a warm gown to wear. You will be asked to expose only one breast at a time. The technologist in the room will help position your breast onto the machine, which will use two plates to compress the breast. Kettering Breast Evaluation Centers offer Dueta technology, which allows you to participate in your mammogram through patient-assisted compression.

“The compression allows us to spread your breast tissue apart, which gives us a better view,” says Dr. Musser.

The mammography machine will take X-ray images that a radiologist will later examine to look for areas of abnormal tissue. From there, the radiologist may order additional imaging or a biopsy of the breast if something looks abnormal.

4 | Waiting for results  For some women, nervousness may cease as soon as they walk out the door. For others, though, fear of suspicious results lingers.

“It’s a very understandable fear,” Dr. Musser says. “But it’s a small number of women that get called back for more work-up, and even more rare for those women to have cancer.”

Still, Dr. Musser urges women to get any symptoms checked out. If there is an abnormality such as cancer, early detection allows women the best possible prognosis.

Schedule your mammogram today. Call 1-888-382-0627 or visit ketteringhealth.org/breasthealth
Hysterectomies are more common surgical procedures than many women think. According to the U.S. Department of Health and Human Services, a hysterectomy is the second most common surgery among women in the United States, with nearly 600,000 hysterectomies performed each year.

A hysterectomy is a potential treatment option for a variety of conditions. What are these conditions, and when should a woman consider a hysterectomy?

**What it involves**  
First, it’s important to know what a hysterectomy is. “A total hysterectomy is the removal of the cervix and uterus,” explains Steven Crawford, MD, OB-GYN with Kettering Physician Network Women’s Health. “We usually also remove the fallopian tubes, and sometimes the surgery involves removal of the ovaries.”

Women can opt to have a hysterectomy for a variety of reasons. “The most common reasons are for symptomatic uterine fibroids, abnormal uterine bleeding, chronic pelvic pain, and prolapse,” says Dr. Crawford.

**Misconceptions and considerations**  
Hysterectomies are usually only recommended after more conservative approaches have been exhausted.

Dr. Crawford explains that women complaining of abnormal uterine bleeding (AUB) can opt for hormone treatments, endometrial ablation, laparoscopy, or other noninvasive treatments before exploring hysterectomy as a treatment. “For example, many women experience significant symptom improvement through intrauterine device (IUD) placement or hormones, such as oral contraceptive pills or the Depo-Provera shot.”

Typically, women should only opt for a hysterectomy when they have completed their families and are done with childbearing.

Women who want to have a hysterectomy for pelvic pain should understand that the surgery may not stop pain altogether, though it usually significantly decreases it. Dr. Crawford also explains that a hysterectomy will not cause a woman to go into menopause unless the surgery is accompanied by removal of both ovaries.

**Surgical options**  
A hysterectomy can be performed through open surgery, laparoscopic surgery, or robot-assisted surgery. At Kettering Health Network, gynecological surgeons can perform hysterectomies through minimally invasive approaches.

“We can perform a vaginal hysterectomy with no abdominal incisions,” says Dr. Crawford. “Minimally invasive surgeries have significant benefits, including less pain, faster recovery, and minimal to no narcotic use.”

Depending on the reason for your hysterectomy and the size of your
uterus, your surgeon may opt for a more traditional open surgical approach. In this procedure, the surgeon makes a small incision in the lower abdomen. An abdominal hysterectomy usually requires a one- to two-day hospital stay.

The key, says Dr. Crawford, is to work with your OB-GYN to discuss treatment options. “For the properly selected patient, having a hysterectomy can offer major improvements in a woman’s quality of life.”

**Why you might need a hysterectomy**

A hysterectomy is a common surgery for women in the U.S. But do you know the basics of why you might need one? If not, here’s a primer.

Your doctor may advise this surgery to remove your uterus (womb) if you have:

**FIBROIDS.** These noncancerous growths develop in the wall of the uterus. In some women, they can cause bleeding heavy enough to trigger anemia and pain in the abdomen or lower back. They’re the No. 1 reason for hysterectomies.

**HEAVY OR UNUSUAL VAGINAL BLEEDING.** Changes in hormone levels, infection, cancer, and fibroids all can bring on excessive or prolonged bleeding.

**UTERINE PROLAPSE.** This is when the uterus slips down into the vagina. It can lead to urinary and bowel problems and pelvic pressure.

**ENDOMETRIOSIS.** In this disorder, tissue that normally lines the uterus grows where it doesn’t belong: outside the uterus and on ovaries. This misplaced tissue can cause severe pain and bleeding between periods.

**ADENOMYOSIS.** Again, tissue lining the uterus grows where it shouldn’t—in this case, inside the walls of the uterus. The walls thicken, triggering severe pain and heavy bleeding.

**CANCEROUS TUMORS.** This includes cancer of the uterus, endometrium (lining of the uterus), cervix, or ovaries.

Sources: American College of Gynecologists and Obstetricians; Office on Women’s Health

To learn more about Kettering Health Network gynecological services, visit ketteringhealth.org/obgyn
NOT ALL SEIZURES ARE ALIKE

Understanding and living well with a seizure disorder
When you think of a seizure, you probably imagine the type that involves violent muscle contractions and loss of consciousness. But not all seizures look exactly the same. Here, we break down what you need to know about common types of seizures, as well as when to talk with your doctor.

What do common types of seizures look like? While seizures may not look the same from person to person, Rajinder Singh, DO, epileptologist with Kettering Brain & Spine, explains that there are three main types—grand mal seizures, complex partial seizures, and simple partial seizures.

- **GRAND MAL SEIZURES:** These are the seizures that many people think of first. “Symptoms can include stiffness of extremities, eyes rolling backward, loss of consciousness for a few seconds to a few minutes, tongue bite, and loss of bladder control,” says Dr. Singh. Often people will feel confused after a grand mal seizure or may even go to sleep.

- **COMPLEX PARTIAL SEIZURES:** The person will have an altered awareness of their surroundings, along with some repetitive movements like lip smacking or hand fidgeting.

- **SIMPLE PARTIAL SEIZURES:** The patient’s cognition will remain intact, but one part of the body could be having repetitive symptoms—such as a hand moving uncontrollably, going numb, or tingling.

Diagnosis and treatment If you experience any of these seizure symptoms, talk with your doctor to find a diagnosis and discuss treatment options.

One of the common tests to help with diagnosis is called an electroencephalogram (EEG). An EEG assesses electrical activity of the brain, explains Dr. Singh. “With data from the EEG and a clinical history, we can often reach diagnosis and start treatment.”

STAY IN CONTROL

While seizures can be disruptive, it is possible to live a normal, healthy life with seizures. To learn more about treatment options or to request a referral, visit ketteringhealth.org/epilepsy

PREGNANCY & SEIZURES

With women specifically, Dr. Singh emphasizes that, ideally, women should discuss seizure care and treatment with a physician before getting pregnant. If this is not possible, however, it’s extremely important to talk with a physician right after getting pregnant.

“I advise all women of childbearing age who are physically capable of having children and are on seizure medications to take folic acid and prenatal vitamins,” says Dr. Singh. “Most developmental problems to the baby would occur in the first four weeks of pregnancy. Many women aren’t aware that they are pregnant this early, so it’s better to be ahead of things.”

Dr. Singh notes that some seizure medications can decrease levels of folic acid, which is involved in neurological development.

“It’s important not to stop any seizure medications once you get pregnant,” advises Dr. Singh. Instead, communicate with your doctor and do your best to plan your pregnancy in partnership with your physician.

DID YOU KNOW? Diagnosed in more than 150,000 Americans every year, more than 3.4 million people have epilepsy. Over a lifetime, 1 in 26 will experience recurring seizures.
Most of us have known someone who has experienced carpal tunnel syndrome, a compressed nerve at the wrist that causes pain, numbness, and tingling in the hand and arm. Because carpal tunnel syndrome is so common, misconceptions about it are common too. As treatments have evolved, so too have myths about the condition as a whole.

Timothy Harman, DO, orthopedic surgeon and assistant director of the Hand Surgery Fellowship at Kettering Health Network, debunks many of these beliefs.

“IT’S REALLY THAT A PERSON IS BORN TO HAVE CARPAL TUNNEL SYNDROME OR NOT.” — Timothy Harman, DO
Myth: Carpal tunnel occurs as a result of overuse, and if you do repetitive work like typing, you are bound to get carpal tunnel.

It’s true that repetitive motion may exacerbate carpal tunnel, but only in individuals who are genetically predisposed to the condition.

“It’s really that a person is born to have carpal tunnel syndrome or not,” Dr. Harman says. “If they are doing those repetitive activities, they will get the syndrome younger or may have more severe symptoms. But if you’re not born to get it, you can be on the computer 24/7 and never develop carpal tunnel syndrome.”

Carpal tunnel syndrome is also worsened by certain conditions such as pregnancy, thyroid problems, and diabetes. However, as Dr. Harman points out, the majority of people with carpal tunnel syndrome were born with small tunnels in the wrist or have some other gene that puts them at risk.

Myth: If your wrists are achy, it must be carpal tunnel syndrome.

“It’s a common condition to hear about, so people make the assumption that they have it,” says Dr. Harman.

In reality, there are a lot of things that can cause pain or dysfunction in the hands and wrists, so you should have your symptoms assessed by a physician for a proper diagnosis.

According to Dr. Harman, the most frequent symptoms of carpal tunnel syndrome include numbness, tingling, and frequently experiencing the hands “falling asleep” while driving, reading, or texting. Particularly, a common symptom is waking up at night with numb hands or fingers.

“It’s much more of a numbness or tingling than it is an activity-related pain,” says Dr. Harman.

Myth: Surgical treatment means missing work for a long time.

There are a few different surgical techniques that can be used to correct carpal tunnel syndrome, and each of them has a fairly quick return-to-work time.

“The myth is based on the original 8-inch incision, which is now pretty rarely performed,” says Dr. Harman.

Now, whether your surgery is traditional, endoscopic, or ultrasound-guided, you can return to work as soon as you feel you are ready, which is most often anywhere from a few days to a week or two.

Myth: The surgery doesn’t work, or a second procedure is often required.

Those who have spoken to a friend or family member who received the procedure prior to advancements may get the wrong idea about today’s surgery options.

“Historically, it used to be such an invasive surgery that we counseled people to wait until they had extensive damage that they couldn’t recuperate from,” Dr. Harman says.

With minimally invasive surgical options, the philosophy for the procedure is the sooner, the better.

“The sooner we get to the nerve once the symptoms start bothering people, the healthier the nerve will be,” Dr. Harman says. “The nerve can recuperate as long as there is no death to portions of it.”

If a person gets the procedure in a reasonable amount of time and there are no other complications, the surgery will be successful for the rest of the patient’s life 99% of the time.

GET RELIEF

If you are experiencing symptoms or want more information about carpal tunnel syndrome, call 1-877-930-9354.
Women keep their families, friends, and careers running. No matter how busy we are, it is important to take time for an annual mammogram.

Kettering Breast Evaluation Centers
1-888-382-0627

One in Eight
women in the U.S. will be diagnosed with invasive breast cancer.