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Winter 2010

MISSISSIPPI Valley Health

A Publication of Mississippi Valley Health Network

Complimentary Copy

Pleasant Valley Teen Not
Stopped By Injury

OLYMPIC
DREAMS
Reborn

QUAD CITY WOMEN:
OUTSIDE THEIR
COMFORT ZONE

A NEW OUTDOOR CLUB GROWS STRONG

BEAT COLON CANCER

SAVE MONEY IN
THE NEW YEAR
CHOOSE ECONOMICAL QC
HEALTHCARE OPTIONS

NEW HEARING AID
TECHNOLOGY
HEARING AIDS GET A MAKEOVER

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**MISSISSIPPI VALLEY
HEALTH NETWORK™**

What healthcare **should be.**SM
563-459-6561

MISSISSIPPI

ValleyHealth
A Publication of Mississippi Valley Health Network™

EDITORIAL

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The health content in *Mississippi Valley Health Magazine* is intended to inform, not prescribe, and is not meant to be a substitute for the advice and care of a qualified health-care professional.

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PROUD MEMBER OF THE
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HEALTH NETWORK™**

What healthcare **should be.**SM

Welcome

What Healthcare Should Be.SM



**John Dooley,
M.D.**

Taking control of your personal health and related costs has never been more important. As many unemployed (or employed) workers or families with expensive premiums are discovering, none of us can expect an employer to cover medical bills entirely, nor can patients afford to be ignorant of how much treatment costs affect the family budget. We've all heard that many are "one illness away from foreclosure" while others are forgoing insurance coverage altogether, putting off screenings or hoping an illness or an accident doesn't mean a family budget crisis.

In this issue, we explore how Quad City area patients can save money on healthcare procedures. It is possible to receive quality healthcare delivered with value. At the Mississippi Valley Surgery Center and its network of physician practices, we do this every day. Be sure and read what our Medical Director, Davenport Surgeon Douglas Khoury M.D., has to say about how you can take charge of your own health and reduce healthcare expenses.

The staff at Mississippi Valley Surgery Center can help you determine if your surgery can be safely done in an ambulatory surgery setting (which tends to be less expensive than hospitalization) and if the cost to you with your particular insurance plan is acceptable. We try hard to keep costs down for patients, but many times the operating surgeon will want to use the latest in implanted devices to speed your recovery. It is those implanted materials that can get expensive and seem to escalate at greater cost than inflation suggests that they should. We pass the implant cost on to our patients and their insurance companies at the exact amount that we pay to acquire it. There are no \$100 Tylenol tablets here.

To access our services, ask your surgeon if he or she would use the Mississippi Valley Surgery Center for your surgery. We welcome all properly trained surgeons but recognize that some may not want to work with another institution. If that becomes a concern for a patient, we can help arrange another opinion with one of our Mississippi Valley Health Network physicians in the same specialty and who would be likely to use our facility for your surgery. Many of our Network physicians are board-certified and fellowship-trained in their specialty and are on the leading edge of technology and technique to ensure you get the best healthcare in the bi-state region. They employ minimally invasive techniques that minimize scarring and promote faster healing at home. All you need to do is call our patient advocate or me personally. Our phone number is 563-344-6600. You can also check the back of this magazine cover for a listing of many of the surgeons and specialists who belong to the Mississippi Valley Health Network. We are here to help you make the best decisions you can in healthcare matters. Feel free to give us a call.

JAN.

FEB.

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Silver Skates

Jan 3, 1 p.m.
Vander Veer Botanical Park
Davenport

Strap on your skates for races straight out of Hans Christian Anderson – the 68th Annual Silver Skates on the lagoon in Vander Veer Botanical Park in Davenport. Activities for the entire family will include snow sculpturing and ice skating. This event will challenge skaters of all ages and skills. Distance races will be held for a variety of age groups. Awards given to the first finishers in male and female divisions for ages from 4 years to seniors. For more information, go to www.cityofdavenport-ia.com or call 563-326-7812.

Frostbite Footrace

Jan 16
Whispering Pines Pavilion
Scott County Park

This will mark the 28th year that hardy runners have pushed themselves through eight kilometers of winter weather in the annual Frostbite Footrace in Scott County Park. Warm runners dress in layers! For more information, call Randy or Marianne Schroeder at 563-359-0872 or email frostbitefootrace2006@yahoo.com.

Wendy’s Chili Golf Open

February 6, 8:00 a.m.
Credit Island

Golfers with fortitude rush to the tees every year for the sometimes frigid, sometimes just chilly Wendy’s Chili Golf Open. Because white balls don’t exactly stand out in the snow, every golfer receives orange balls, tees, and an official Chili Golf memento. Frigid cries of “fore” will ring out over nine holes of winter-modified golf, and participants must make a charitable contribution. For details, go to www.cityofdavenportia.com or call 563-326-7812.

B-rrry Scurry

February 6
Clinton Community College

B-rrry Bear, the official race mascot, will appear on medallions for 13 age men’s and women’s age divisions. Earning an official shirt or medal requires a 4-mile run or walk through unpredictable February weather – and temperatures can range from 60 above to 20 below. Refreshments after the race are free for participants, too, as is entry to the post-race blowout party. Registration by midnight on Thursday, February 4 ensures accurate, high-tech timekeeping. Registration forms may be available by press time at: www.eicc.edu/business/events/scurry/index.html. Email aeisenman@eicc.edu for more information.

Snowshoe Tracking and Winter Fun Day

February 13, 10:00 a.m.
Wapsi River Center
Dixon, Iowa

Crowds gather every year for the Winter Fun Day at the Wapsi River Center. Families competed last year in the snowman contest and the winter scavenger hunt. For a real adventure, strap on a pair of snowshoes and go see the critters in the woods. To confirm time and date, call the Wapsi River Center at 563-328-3286 or surf to: www.scottcountyiowa.com/conservation/wapsi.php.

Valentine Moonlight Walk

February 14
Blackhawk Park, Rock Island

Made-from-scratch doughnuts, hot cocoa, and cider fuel up romantics of all ages for the luminaria-lit Valentine’s Day Moonlight Walk through Blackhawk Park. And of course there’s more than just a walk – a live band plays and square dances are called out in the Lodge, where fires crackle in the WPA-era fireplaces.



No matter what winter brings, hardy Quad Citians find fun in snow, ice and freezing temperatures...

Family Health

Beat The Colon Cancer Risk

One Out of Three Quad Citians Is At Risk

Cancer. It's a scary word and easy to get caught up with the word "colon" instead of the word "cancer." But it doesn't have to be that way. Anyone over 50 is at risk, but colon cancer survival rate is 90% with early detection.

Colon cancer can be a very aggressive cancer, especially at younger ages.

Know Your Colon Cancer Risk. Take the 2-Minute Assessment test: www.bcoloncancerfree.com



March is Colon Cancer Awareness Month. Thanks to the Mississippi Valley Surgery Center Endoscopy, Eastern Iowa Gastroenterology and Gastrointestinal Clinic of the Quad Cities, anyone can log on to www.bcoloncancerfree.com and take a 2-minute risk assessment. The results will indicate if there are enough risk factors to warrant a colonoscopy. In general, people over 50 are at risk, yet adult children and siblings of colon cancer patients need to be screened at younger ages.

"Colon cancer can be a very aggressive cancer, especially at younger ages," warns Gastroenterologist Bettaiah Gowda, M.D., Gastrointestinal Clinic of the Quad Cities. "Often, the most common symptom is no symptom, so you must know your risk and if you are over 50, get the colonoscopy."

While the cancer can be aggressive, amazingly, early detection can lead to a 90% survival rate. "We find precancerous intestinal polyps (abnormal growths in the colon or rectum) in about one third of the patients we examine," adds Dr. Gowda. "The cancer can be very treatable when we can remove polyps early."

Continued on page 7...

A MOLINE COLON CANCER SURVIVOR STORY

Sixty year old Sandra Hirstein, a Moline teacher, has always been scrupulous about her health. "I was so good about my annual exams, but thought since I hadn't had my colonoscopy at 50, I should really get one scheduled." At 57, she made the appointment and is glad she did. Although there were no signs of colon cancer, Dr. Sreenivas Chintalapani, Gastrointestinal Clinic of the Quad Cities, found a small tumor in her small intestine.

"All I heard was 'cancer,' and my brain shut down," recalls Hirstein. "Dr. Chin took the extra time to explore my small intestine and found a carcinoid tumor, so tiny that it didn't show up in x-rays. Because he caught the cancer early, it spread only as far as a couple of lymph nodes, and it was easily removed with laparoscopic surgery.

"My husband, Dan, has a family history of colon cancer and he also gets screened every year. His dad had colon cancer. They have found polyps, but they've not been cancerous," says Hirstein. Now Sandra is checked annually.

Schedule A Colonoscopy Today

Gastrointestinal Clinic of the Quad Cities
5041 Utica Ridge Road, Suite 100
Davenport, IA
563-359-9696

Eastern Iowa Gastroenterology, PLC
3400 Dexter Court, Suite 116
Davenport, IA
563-355-7602



Gastroenterologist Bettaiah Gowda, M.D., Gastrointestinal Clinic of the Quad Cities

Lauri Harsh, D.O., Eastern Iowa Gastroenterology concurs. “There is no reason to wait. If patients are already experiencing blood in their stools, there’s a chance the patient could already be in Stage 2 or 3, which means much more aggressive treatment, surgery and the prospects of chemotherapy. And, colonoscopy technology has improved. The patient is sedated, so the procedure isn’t something to dread.

“When we looked at the best way to communicate the urgency to Quad Citians and surrounding communities the need to schedule a colonoscopy, we discovered there were few opportunities for people to assess their risk privately,” adds Dr. Harsh.

To date, more than 700 people have taken the online assessment to determine whether a colonoscopy was necessary. Web visitors can also email friends and family to remind them of their potential family risks, learn more about the disease or where they can schedule a screening procedure.



Lauri Harsh, D.O., Eastern Iowa Gastroenterology

“The goal for sedation is to make our patients as comfortable as possible.”

– Liz Hayman, manager,
Mississippi Valley Surgery Center Endoscopy.

PATIENT UPDATE: WHAT YOU NEED TO KNOW ABOUT COLONOSCOPIES AND ANESTHESIA

When you schedule your colonoscopy, you may be faced with a decision regarding what type of anesthesia you may have during the procedure. “The goal for sedation is to make our patients as comfortable as possible.” explains Liz Hayman, manager, Mississippi Valley Surgery Center Endoscopy. “However, it’s important to know insurance companies have recently begun changing what kind of anesthesia is covered for a colonoscopy.”

General anesthesia vs. Moderate sedation

There are two types of anesthesia for this procedure: general (deep) anesthesia (sometimes referred to as MAC Anesthesia) or moderate sedation. Under general anesthesia, an anesthesia provider provides medication so the patient is basically asleep and isn’t aroused until the procedure is finished. “As anesthesia medicines have improved, more patients have had colonoscopies while under (deep) or general anesthesia,” explains Liz.

On the other hand, moderate sedation is more prevalent. Under this option, a registered nurse gives medication under the direction of the physician performing the procedure and patients may be aware of his or her surroundings and may be able to take direction. “The goal is to make you comfortable during the procedure, not put you to sleep. Just recently, we’ve learned some insurance companies have decided that the (deep) anesthesia is not always necessary unless you have certain risk factors such as sleep apnea. This means patients must sometimes pay extra for (deep) anesthesia if they want that option. We try to inform patients ahead of time what their options are. It’s something to consider when you schedule your colonoscopy.”



If you’re like most women your answer is probably not colon cancer. This deadly disease kills thousands of women every year. But it doesn’t have to be that way. Take 2 minutes and log on to becoloncancerfree.com and take a colon cancer risk assessment test. No hospitals, no waiting rooms. One in three Quad Citians is at risk for colon cancer. But with early detection there’s a 90% survival rate. So what are you waiting for? If you are 50 or older, schedule a colonoscopy today and visit becoloncancerfree.com There’s all sorts of things that are on your mind, but the risk of colon cancer shouldn’t be one of them.

LOG ON. LIVE ON.™ www.becoloncancerfree.com

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EASTERN IOWA GASTROENTEROLOGY
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“There are so many options now for hearing aids – from the barely noticeable in fashionable colors to the larger traditional ones which patients still may have to wear.”

Durant, IA resident Ken Pennock, 40, works as a precision machinist making components for firearms that our armed forces are using. He also has a special passion for working on racecar engines and snowmobiles in his spare time. However, years on the job and many weekends around loud engines resulted in early hearing loss because he didn't wear ear protection.

“I noticed he couldn't hear the server at a restaurant, and the TV was always too loud,” recalls his wife, Melissa. “Over the years, his hearing just got worse. He kept putting off the test because as a young man he couldn't imagine wearing those ‘clunky’ hearing aids.”

Eventually Melissa convinced her husband to get his hearing tested. Ken took his hearing test from Audiologist Melissa Hamerlinck, who practices at ENT Hearing Aids, Davenport.

Testing. One, two, three.

Hamerlinck remembers Ken. “I tested his hearing by having him signal the softest sound he could hear at various pitches. Ken had high-pitch hearing loss – the kind typical with noise exposure or age. The mild-to-severe loss in Ken's right ear and the mild-to-moderate loss in the left are not especially unique for people with Ken's lifestyle.

“It's really not unusual to see younger people in their 30s and 40s with hearing loss,” she added. “At least half of my patients in their 50s have some degree of hearing loss.”

Good hearing aids now come in small packages

Ken is so young that he didn't know he was a candidate for a hearing aid – and he definitely didn't want to have a big, bulky one. The hearing aid he received on his 39th birthday is very small about the size of a triangular dime behind his right ear

– with a tiny, clear tube that carries sound down into his ear canal. “You can't even see it,” he says.

“There are so many options now for hearing aids – from the barely noticeable in fashionable colors to the larger traditional ones which patients still may need to wear,” explains Hamerlinck. The larger hearing aids are often for patients with either degenerative hearing loss over the span of their lifetime or for children who may be born with congenital hearing loss. “The larger size really enables people with greater hearing loss to have more power at their fingertips.”

Size and the degree of advanced technology are the primary issues to keep in mind when selecting a hearing aid. Smaller sizes tend to cost more, as do the aids with the more advanced microchips. As size shrinks, ease of use – for example, on the telephone – increases. Yet because smaller hearing aids fit farther down into the ear canal, maintenance issues increase. Daily cleanings and more battery changes become user issues, and moisture and earwax can require special repairs.

Behind-the-ear aids, while they are shrinking as technology improves, are typically bigger. They also typically offer more power, features, longer battery life, and lowest maintenance. They are also the most popular type of hearing aid.

Although hearing aids are generally not covered by insurance, they are usually available in ranges of good-better-best for each type and size so they can fit most budgets.

“Sooner or later people realize, ‘Hey, I need to be able to hear. I'm really missing out.’” Hamerlinck says. “If people will wear a hearing aid, then we can improve their quality of life.

Can you hear me now?

“There really is no reason to just live with hearing loss,” advises Hamerlinck. “There are so many options now, and it's so wonderful to see younger and younger patients who need hearing aids walk in the door to get them.”

Now, at age 40, Ken wears his discreet hearing aid every day. With its help, he can once again hear in social situations, restaurants, and crowded rooms. And life is quieter around the house, too. “Now he really notices if he isn't wearing it,” says his wife. “He really loves his hearing aid. If he forgets to wear it, he can really tell, and he says the sound quality is great.”

“I see younger people in their 30s and 40s with hearing loss...”

Need Your Hearing Tested?

- Do people tell you the TV is too loud?
- Is it hard to understand people with background noise?
- Do you ask people to repeat themselves?
- Do you misunderstand what people say?
- Do others mumble to you?
- Hear ringing in the ears?
- Feel frustrated, depressed or feel isolated because of hearing troubles?

GET YOUR HEARING TESTED

Call for an appointment or to schedule a hearing test.

ENT Hearing Aids, LLC

563-359-1646



Melissa Hamerlinck, Audiologist, ENT Hearing Aids, LLC



SOUL

LIFE

REJUVENATE YOUR BODY

MIND

Beth Saranglao, 46, Moline, total hip replacement

Forty-six year old hip-replacement patient Beth Saranglao runs every day. Two years ago she could barely walk. Beth suffered from worn cartilage in her painful right hip. Then she met fellowship trained surgeon John Hoffman, M.D., Orthopaedic Specialists. Dr. Hoffman performed a minimally invasive total hip replacement at the Mississippi Valley Surgery Center and Beth was recovering at home 17 hours later. No pain and no loss of movement.

Recovery in days, not weeks. Beth now keeps up with her 13-year old son and credits Dr. Hoffman with putting her life back on track. If you are considering total joint replacement, contact us at painfreeqc.com or call 563-344-9292. We'll have you up and running in no time. We're sure Beth would agree.

Foot & Ankle Hand & Upper Extremity Spine Sports Medicine Total Joint Replacement

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You CAN BEAT THE HEALTHCARE

SQUEEZE



We all hear about the costs of healthcare, but even if you're covered, chances are you're paying more than you think...

Moliner Lisa and Jeremy Larson* appear to make a healthy living: he is self-employed in financial services, and she's a partner in a two-person IT consultant firm. They have four healthy but rambunctious children, and their healthcare expenses are staggering.

"Between premiums, deductibles, and co-pays, health care costs more than our mortgage. And we live in a five-bedroom house that includes offices for both our businesses," says Jeremy. "Being self-employed, we feel the pain of increasing health care costs, but at least we are working. I can't imagine how the economy and unemployment are affecting those who can't afford to get sick."

How much pain?

The Larson's pay just over \$1,000 a month in premiums, plus they have a \$5,000 family deductible. If someone gets sick – and with four kids under 14, someone will – it is easy for the Larson's to spend at least \$17,000 per year on health care. (When you add glasses, braces and regular dental care for all six of them, breaking through the \$20,000 mark is routine.) Last year, Lisa had a simple bladder procedure. Even though she was careful to check prices beforehand and choose her least expensive alternative – an ambulatory surgery center – the Larson's paid about \$2,000 out of pocket that wasn't covered by health insurance. "You think you are covered and then you get the bills. Until you meet the deductible, it's all out of pocket, and even after meeting it, we still pay a percentage. It becomes a lot of money," says Lisa. "And it's all after-tax dollars for us because we're self-employed. We can't have flex-spend or health care savings accounts."

Red ink rising

The Larson's feel the impact of rising health insurance premiums more directly than people who get insurance through their employer, but everyone feels it. The Kaiser Family Foundation's annual Health Research and Educational Trust Employer Survey found that between 2001-2006, annual premium costs for single and family coverage rose by about 60-63 percent. "Every year health insurance becomes less affordable for families and business," says Kaiser President and CEO Drew Altman, PhD. "Over the past six years, the amount families pay out of pocket for their share of premiums has increased by about \$1500." The Kaiser report went on to point out that employers usually look to workers to help pay the increases; and the workers either have increased contributions or they do not receive wage increases.

Budget for the premium package

The days are gone when simply paying health insurance premiums and automatically going to your doctor and the local hospital for treatment is enough for peace of mind. "It's really time that patients exercise their power and ask questions about how much their procedures cost and determine if there is a more economical way to receive treatment," advises John Dooley, M.D., administrator for the Mississippi Valley Surgery Center (MVSC), Davenport.

The MVSC is a Quad City area ambulatory surgery center that offers surgical procedures on an outpatient basis, which means patients recover at home. "The MVSC and its practice partners in the Mississippi Valley Health Network are trained to employ minimally invasive procedures that mean smaller incisions and faster healing.

Eight Ways to Save on Healthcare Expenses in 2010

1. Know your monthly premium. Budget for that amount.
2. Know your annual deductible and save for it. (This is the amount you will pay out-of-pocket before coverage)
3. Ask your employer about flexible spending or healthcare savings accounts.
4. Ask your doctor if he or she performs minimally invasive procedures.
5. Ask if your procedure can be done on an outpatient basis to avoid expensive hospitalization.
6. Planning surgery? Ask how much it will cost and budget for out-of-pocket expenses.
7. Lose weight and exercise. Healthy lifestyles prevent illnesses such as cardiovascular disease and diabetes.
8. Experiencing worrisome symptoms? See a doctor before expensive surgery is required.



“Between 2001-2006, annual premium costs for single and family coverage rose by about 60-63 percent.”

*Names have been changed.



“Patients do not incur significant hospitalization costs because the Mississippi Valley Surgery Center is an outpatient facility. Patients recover at home, healing quickly and return to life as soon as possible.”



“We also believe in delivering healthcare value. Patients do not incur significant hospitalization costs because the Mississippi Valley Surgery Center is an outpatient facility. Patients recover at home, healing quickly and return to life as soon as possible,” adds Dr. Dooley.

As surgical techniques have improved in recent years, more procedures are being performed at Ambulatory Surgery Centers (ASC). And procedures performed at an ASC cost significantly less than the same procedures performed in a hospital setting, according to a November 2006 US GAO Congressional Committee’s report on Medicare.

“That’s good news for working families and also for seniors,” adds Dr. Dooley. “If we can minimize costs, patients pay less. For example, seniors often pay less for a procedure performed at the MVSC than at a hospital because we are actually paid 59% of the rate paid to hospitals. Since the Medicare consumer is responsible for paying 20% coinsurance, the lower the charges, the smaller the bills for seniors who do not have supplementary insurance.”

Employers are also looking carefully at incentives for employees to help minimize health care costs. New kinds of benefit plans will be a major change for employees used to company benefit plans that take care of health-care costs effortlessly. The Kaiser Family Foundation reports that millions of workers are already enrolled in consumer-driven plans, about equally divided between high-deductible plans that qualify for a Health Saving Account (HSA) and plans with a Health Reimbursement Arrangement (HRA). The high deductibles that come with these plans are offset by tax-preferred savings options from which employees can pay for their out-of-pocket medical expenses. People insured under these plans pay directly for a greater share of their health care – and they have incentives to minimize the cost.

Healthy living for healthy savings

In general, as health care costs increase and the political debates heat up, experts predict that employees and their families will need to take greater responsibility for their lifestyles and the costs associated with illness. As one Forbes health care expert put it, “Companies are going to encourage employees to look after their own health and will use the lever of insurance...if you want to smoke and eat a sugary diet, go ahead, but insurance coverage will kick in at a higher level.”

Doctor’s Orders: You can beat the high cost of healthcare.



Douglas Khoury, M.D., Medical Director, Mississippi Valley Surgery Center

Davenport Surgeon Douglas Khoury, M.D., is the Medical Director for the Mississippi Valley Surgery Center. Dr. Khoury not only serves as the liaison between medical practices and the MVSC, but is an active advocate and policymaker regarding the quality of healthcare delivered to MVSC patients. We asked Dr. Khoury about his concerns about the rising costs of healthcare and how patients can advocate for better health....

Q. How can people lower the costs of health care?

A. People who live healthy lifestyles – ones that help them stay fit and keep excess weight off – generally spend less for health care. Those who exercise regularly, consume balanced diets, and are nonsmokers are more likely to live longer and spend less time visiting doctor offices and emergency rooms. In addition, following screening guidelines for conditions like diabetes, heart disease, high cholesterol, breast cancer, and prostate cancer will tend to identify abnormalities earlier which will often lead to less costly and more successful treatment(s).

Q. When a person becomes sick, how can he or she control the cost of treatment?

A. When surgery becomes a treatment option, patients should explore the most cost-effective options; those most likely to get an optimal result in the shortest time frame at a reasonable cost. In many instances, minimally invasive procedures are the most cost-effective, and usually result in a faster return to one’s normal activity level. The Mississippi Valley Surgery Center’s minimally invasive procedures usually get patients home the same day. At most it keeps them for overnight observation only. That’s a huge savings over staying in a hospital following a more traditional open operation.

Q. Isn’t advanced, cutting-edge medicine more expensive?

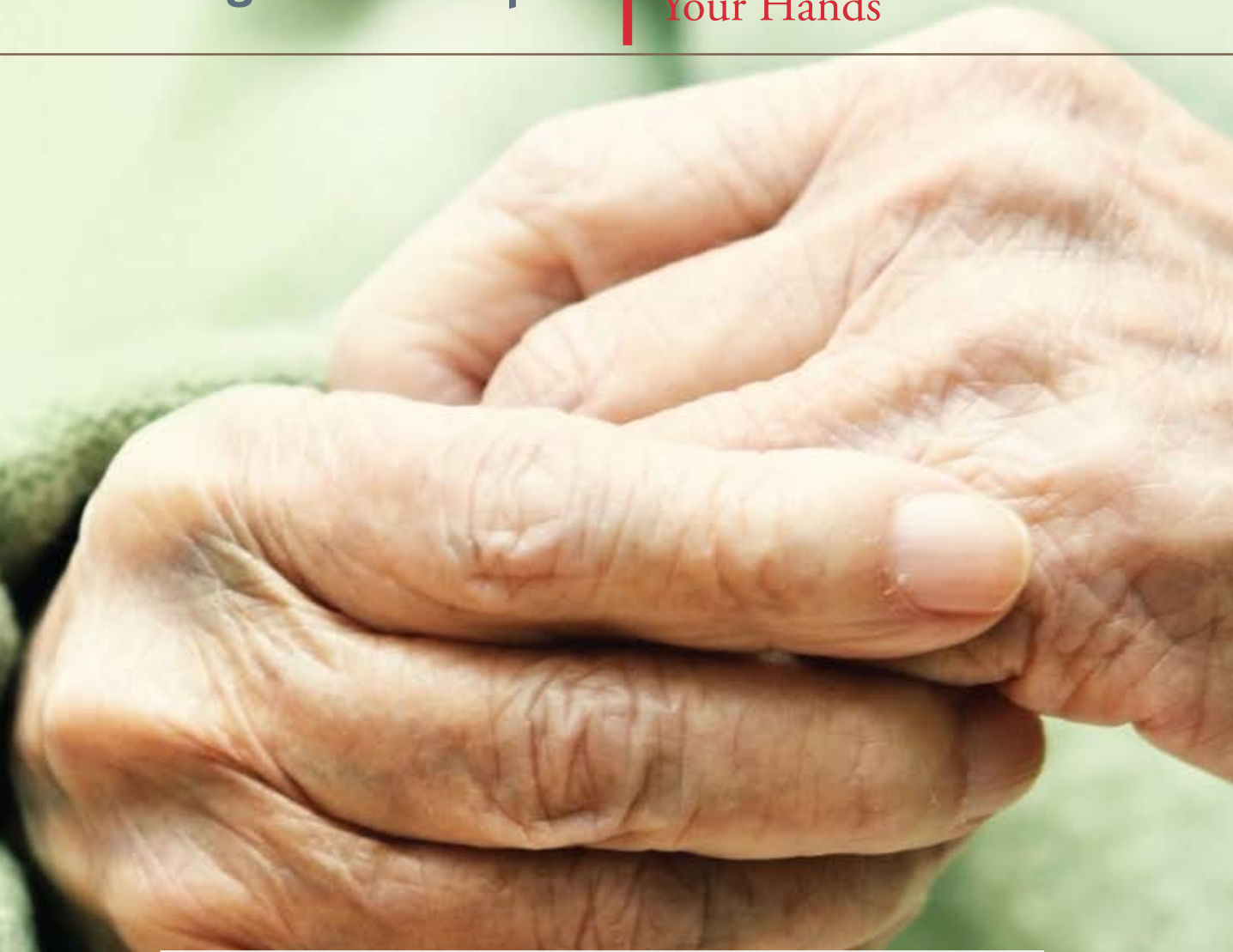
A. Cutting edge medicine doesn’t have to be more expensive, especially if it gets the patient back to work sooner. Efficient delivery of quality health care is less expensive than treating diseases for long periods of time. Some minimally invasive equipment is more expensive than that used for traditional operations, but that cost can often be offset by a shorter convalescence. Patients need to actively participate in their health care management. This includes asking appropriate questions of their doctors and considering all the treatment options offered. Many of my patients have researched their diseases before they come to see me which leads to a more well-informed patient who can help me deliver the best treatment possible.

Q. What is the biggest concern patients face?

A. Delay is the biggest concern. There are a number of serious health problems that can be treated easily when they’re detected early. Waiting allows conditions to become more advanced and more expensive to treat. The top early-detection tests for cancers are: mammograms to detect breast cancer, digital exams for prostate cancer, colonoscopy for colon cancer. The best surgery is the operation you didn’t need because you took care of a problem early before it required a more invasive treatment.

Q. What is the biggest concern doctor’s face?

A. Doctors are working hard to find the right balance between cost and comprehensive health care. Mississippi Valley Health Network surgeons – in all specialties – are focusing on using minimally invasive techniques. Although the surgical instruments are expensive, using them results in patients spending less time in hospitals and recovering more quickly. Minimally invasive procedures dramatically reduce the overall cost to society, especially when patients can return to work more quickly.



Twisting a jar becomes painful. It hurts to button a shirt.

The onset of arthritis can be frightening. The prospect of swollen, painful knuckles and eventually disfigured fingers can be worrisome when sufferers begin to experience limits in daily life.

For people who are just beginning to feel the effects of arthritis, though, losing useful hands is no longer inevitable. New surgical interventions offer hope for arthritis sufferers – hope that their hands will not lose the mobility and strength to function.

“There have been tremendous advancements in treating upper extremity and hand arthritis,” says Orthopaedic Surgeon, Thomas VonGillern, M.D., Orthopaedic & Rheumatology Assoc., P.C., Moline, IL. “New technology, surgical techniques and procedures give new hope to maintain a quality of life, even after the onset of arthritis.”

Two primary kinds of arthritis

The word “arthritis” simply means an inflamed joint. Osteoarthritis occurs when excessive wear and tear gradually causes symptoms in certain joints over the course of years. Rheumatoid arthritis, on the other hand, is a disease that affects multiple body systems including joints, usually on both sides of your body. According to the American Society for Surgery of the Hand, about two-thirds of rheumatoid arthritis sufferers experience symptoms in their hands. (Gouty arthritis, psoriatic arthritis, and post traumatic are three other common types.)

The problem's progress

Rheumatoid arthritis can be a progressive disease. Anti-inflammatory medicines or disease-modifying drugs can slow it. Those medicines, however, do not offer a cure. “Once rheumatoid arthritis advances significantly, there is enough swelling in the joints and tissue that the joints can get loose,” explains Dr. VonGillern.

“And after a joint’s lining membrane is stretched, the surfaces no longer fit together well. That’s when the joint starts to rub and wears out on one side. The uneven wear and joint laxity results in the deformities of rheumatoid arthritis— as when fingers no longer proceed straight from the hand but instead angle away from the thumb. The looseness and deformities make the fingers floppy and weak.

“If you can catch it before they get stretched out, you can restore function, strength and appearance much more easily, while at the same time relieving pain” he says.

Surgical responses to arthritis progression

Early surgical consultations can be critically important to maximize function and minimize deformity. Preventive surgery may include removing nodules, decreasing pressure on joints and tendons by removing inflamed tissue, or removing bone spurs that may rub on tendons or ligaments. If a tendon ruptures, Dr. VonGillern may be able to repair the tendon with a tendon transfer or graft.

A number of new interventions offer relief from pain, deformity and lost function. “Over the last 10 years,” says Dr. VonGillern, “materials have been developed to allow surgeons to replace worn knuckle joints and restore movement. That is a huge step forward in the treatment of this disease. Before joint replacement surgeries, people had decreased strength and increased deformities. Combined, those significantly diminished quality of life.”

There are several other types of procedures to treat joints affected by rheumatoid arthritis, including removal of inflamed joint lining and joint fusions – usually of the little joints by the fingernails. Choosing the appropriate procedure involves assessing the particular joints involved, the degree of damage present, and the condition of surrounding joints.



“The key is to catch it early,” says Dr. VonGillern. “That’s when our efforts to prevent pain, deformity and loss of function can work best.”

Do you have rheumatoid arthritis?

The American Society for Surgery of the Hand says that stiffness, swelling, and pain are symptoms common to all forms of arthritis. Yet there are some classic features of rheumatoid arthritis:

- Firm nodules along fingers or elbow
- Soft lump on the back of the hand that moves as the fingers straighten
- Angulation or collapse of fingers
- Sudden inability to straighten or bend a finger because of a tendon rupture
- Deformity in which the middle finger joint becomes bent
- Deformity where the end of the finger is bent and the middle joint over extends
- Prominent bones in the wrist

Rheumatoid arthritis often causes carpal tunnel syndrome problems like numbness and tingling. Joints may make a squeaky sound as they move, and sometimes they snap or lock because of the swelling.

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Contact President Becky Willems:
president@qcwoc.com

“**W**omen put themselves last on the list,” declares Becky Willems, a Davenport mother and grandmother who, just turning 50, is ready for a new chapter in her life. “With our roles as mothers, wives, friends, employees and neighbors, we get so busy taking care of others, that we neglect ourselves and subsequently our peace of mind.”

Becky, who believes there is strength in numbers, is leading a local movement as president of the Quad Cities Women's Outdoor Club, which encourages women to make friends, become active, and more importantly, get out of their comfort zones. “I have certainly learned over the years that if you are healthy, strong and fulfilled, everyone in your life, especially your family, will benefit.”

The club is four years old. It has grown from approximately 40 members to reach its 125th member milestone at the end of 2009. “We are not just for jocks or for elite athletes, by any means,” Becky explains. “Our members range in age from 18-75 and come from all life stages, abilities, occupations and backgrounds. What we share is our desire to learn something new. We want to educate our minds. Stretch our muscles. Make new friends. Broaden our experiences.”

From snowshoeing to hockey

“Our activities are so varied,” adds Kathy Storm, a founding member of the Club, and current membership chair. “We've rowed with the Quad City Rowing Club, water-skied with the Backwater Gamblers, played hockey, kayaked, zip-lined, learned self-defense, and hiked in the woods.”



“Just this past winter I took a group of women out snowshoeing for the very first time. We had so much fun, and it was a new experience for many of our members. There have been new experiences for me, too. Last fall we went horseback riding. I hadn't ridden a horse for 20 years and just loved it.” The club averages about two activities a month, and schedules events well in advance so women will make time for themselves.

While learning these new activities, members tap into each other's expertise or find clubs that can teach them new skills. Along the way, the club has also found ways to incorporate its fitness activities into charity as well, such as adopting a stretch of highway in Scott County Park, and participating in Trinity Hospital women's health events.



“The point of the club,” adds Becky, “is to try something new. Reinvent yourself, and do so with the support of women who want to see you succeed. When I first joined, I didn't know how to do half of this stuff, nor did I know anyone. The greatest joys for me have been trying these new experiences while making new friends along the way.”

Kathy agrees. “Women have a very special way of supporting and nurturing each other. While many of us are members of other various clubs, athletic or otherwise that include both men and women, we just find that in a women-focused organization, it's becomes a safe and supportive environment to try something new without the fear of failure.”

Says Becky, “They push me. You do get better. You face your limits and fears and are stronger as a result.” And, her next adventure? “Skydiving. Definitely. I really do want to jump out of a plane this summer!”



One day Quad Citians may watch the Olympics and see someone they recognize: a favored daughter, friend, neighbor, and high school volleyball standout, who knew at a very early age she had a gift that would put her hometown on the map. Olympic dreams aside, she is already getting looks from top schools – a small miracle in itself when one considers she was an injury away from dashed volleyball dreams.

Emily Podschweit, 15, Pleasant Valley, IA, grew up on the volleyball courts where her mother coached and she played with her sister Aubrey. She jumped to national-team and Olympic-hopeful highs there. And then she fell to her lowest when she suffered a catastrophic knee injury just over a year and a half ago.

Spiked dreams

It happened during warm ups before a game in September 2008. In front of three college recruiters, she came down on an awkwardly stiff-legged landing. After the fall, she didn't bounce up, either; instead, in pain she scooted along the floor to get under the net and to her trainer. An eventual MRI told the whole story. Emily's knee damage was as much of a phenomenon as she had been on the court: An exploded ACL. Torn lateral and medial collateral ligaments. Torn lateral and medial meniscus. Bruised bone. Her aspirations appeared dashed right along with her knee's structure.

At 14, Emily's nascent career was over, and she would never compete as she had before the injury. Or so predicted the doctors. The treatment plan involved a two-week wait, two surgeons, and a plate in the knee. Then would come the 18 months of rehab. All that for an 80% recovery – if the surgery went well.

After 10 minutes of tears, Emily straightened up and set the doctors straight: "No one was going to tell me I'm not going to do something. And that's not going to be the outcome."

An aggressive plan and a leap of faith

Two days before the scheduled surgery, family friend and Surgical Services Manager Nancy Jipp called from the Mississippi Valley Surgery Center. She had talked to Orthopaedic Surgeon Dr. John Hoffman, Orthopaedic Specialists, Davenport. Dr. Hoffman, board certified and fellowship trained in sports medicine, with a Subspecialty Certificate in Sports Medicine, agreed to take a look and offer a second opinion. The dreadful diagnosis was correct, he recalls, but he offered a very different surgical approach – one with a stronger prognosis. Even though he agreed that Emily's was one of the worst knees he had seen, she made the call, and Dr. Hoffman operated the next day.



Dr. John Hoffman, Orthopaedic Specialists, Davenport

"Some surgeons take a very conservative attitude to return to play," Dr. Hoffman explains. "They can be cautious and protective of their patients, but it's not necessarily good for the patient." Dr. Hoffman's experience of performing a career 1,500 ACL repairs has formed Dr. Hoffman's philosophy of aggressive rehabilitation programs and goals of returning to sports function.

"More than two-thirds of ACL injuries, like Emily's, are not caused by contact," he explains. "And, women are three to eight times more likely to suffer a major knee injury than men. As more young women like Emily participate in high school sports where the knee takes a lot of pounding, there is a related increase in knee injuries."

Signature patient care

"The Mississippi Valley Surgery Center was amazing with my operation," Emily says. "It all happened so quickly. Within 24 hours I was scheduled, tested, and operated on. But the experience didn't feel rushed at all." The staff helped Emily to start her photo journal of her surgery and recovery. Emily took the pictures herself, and has kept the journal current. "I even have pictures of the IV being started, my knee being scrubbed, and Dr. Hoffman signing my surgical site."

Tiny victories mark a tremendous return

"If I would do what he asked – and it would be difficult," Emily recalls Dr. Hoffman saying, "he hoped to have me training again in six months." There's no way to smooth over Emily's rough road back. "Dr. Hoffman was right. It was difficult," Emily recalls. Seven weeks in a wheel chair. Then breaking the scar tissue. The loss of muscle in her left leg. And the rehab and athletic training to restore the muscle and coordination. At times it seemed like the end of the recovery was no nearer, but Emily celebrated even the tiny victories that showed progress.

"Six months after surgery, I began training for the game I love." Today Emily has her hops and her speed back, thanks to the career-saving surgery that could put her on the U.S. Olympic Volleyball Team, the Olympic Beach Volleyball Team, on a Division I college volleyball team – or even all three. She's a 15 year-old phenom, already heavily recruited by major schools and an alumna of the High Performance Junior Olympic Team (as an 8th grader).

And Emily hasn't looked back. Within the year since her surgery, she has amassed a collection of achievements and accolades. Yet any would-be volleyball star would preen herself on having earned a spot playing in the High Performance Junior Olympic Tournament. Or if she wanted to play Olympic Beach Volleyball, to have won 1st place in Iowa Region Beach Volleyball Doubles. Or to go on from there to win 5th place in the AAU Junior Olympics Beach Volleyball Doubles – the first Iowa team medal in history. To have done all of that, as Emily has, is monumental. And she has shouldered a job as the starting outside hitter for the Pleasant Valley High School Varsity Volleyball Team all the while, earning Athlete of the Week honors in October.

The beach is so bright, she's gotta wear shades

In spite of her laurels, Emily insists she isn't back to 100% yet. "My goal is to compete in and win the NCAA Division I tournament," she says. But wait, this is Emily Podschweit, so that must not be enough; any other goals? "Compete in the Olympics Beach Doubles." And to round out the list – with a goal that she's probably had since the older girls on her mother's teams let her join in for drills – she wants to coach college volleyball. It's a fair bet that she will set a few goals for her players as a coach, too.





When it comes to a hearty dish sure to warm you up on the dampest days, it's hard to be chili. Chili can also be great for diets and can pack a significant nutritional punch. It's high in fiber, protein, a number of vitamins and contains all the benefits of its varied vegetable ingredients.

Enjoy these Mississippi Valley Surgery Center favorites...

Texas Taco Chili

Try this unique southern twist to an old-time favorite.
Sue Lohf, Manager, Human Resources

- 4 boneless chicken breasts -cooked and diced
- 1 lb ground beef
- 1 onion chopped
- 1 green pepper diced
- 1 28 oz can diced tomatoes - undrained
- 1 pkg. taco seasoning mix
- 1 pkg. ranch dressing mix (Hidden Valley®)
- 1 - 10 oz. can Rotel®
- 1 - 6 oz. can tomato paste
- 2 - 17 oz. cans whole kernel corn, undrained
- 2 - 15 oz. cans ranch style pinto beans
- 1 - 15 oz. can diced potatoes-diced

- 2 cups water
- *tortilla chips
- *grated cheese
- *sour cream
- * Serve over broken chips and top with cheese and sour cream if desired.

Cook chicken and dice. Brown beef, onion and bell pepper in a large pot. Drain. Add tomatoes with their juice, taco seasoning, and ranch dressing. Mix in Rotel®, tomato paste, corn, beans, water and salt and pepper to taste.

Heat to boil, then add chicken and potatoes and simmer one hour. Stir frequently. You may need to add more water depending on consistency you desire.

Chicken Chili

For healthy alternatives, chicken makes a great substitute for ground beef.

Pam Van Camp, Supervisor, Endoscopy

- 5 frozen chicken breasts
- 1 large jar Randalls® Navy Beans
- 2 cans Original 15 oz Rotele®
- 1 large (family size) cream of chicken soup
- 3 cups water
- 1 package Williams® Regular Chili Mix (not chicken chili mix)
- 1 stick margarine or butter
- 1 cup flour

Combine frozen chicken, navy beans, Rotele,® cream of chicken soup and water in crockpot on low. Cook six hours. Remove chicken and dice up. In a saucepan, melt butter and add flour to make a roux. Add to crockpot, then add chicken.

Optional: Serve with cheese (cojack or cheddar and tortilla chips)



Chili Con Carne

The secret flavor to this traditional recipe is the bacon. You can also substitute your favorite meat-market sausage for a unique taste.

- 4 strips bacon, cut into pieces.
- 1 (lb) ground beef
- 1 medium onion
- 1 tsp. cumin
- 1 green pepper, chopped.
- 2 large cans of Brooks Chili Hot® beans
- 1 can of stewed tomatoes, undrained.
- 1 package fresh mushrooms
- black pepper to taste
- Chili powder to taste
- Cheddar cheese for garnish

In the stockpot, cook bacon. Add in cumin and sauté onion. Add and sauté green pepper and mushrooms. After 2-3 minutes, put in ground beef and brown with mixture. Once browned, drain fat. Add in both cans of beans and tomatoes (with juice). Add chili powder to taste and simmer for at least 30 minutes.

CHILI IS GOOD FOOD.

Wonder why dieters will choose the chili? Here's a list of typical ingredients and the nutritional value they bring. If you're curious and want to learn more about the history of food and various foods' benefits to our health, check out the World Food Web site at: whfoods.org

GROUND BEEF: Ground beef can be a good source of protein. Find the leanest available. Be sure to drain the fat. Ground beef can be as lean or leaner than ground turkey, so be sure and check nutritional labels first.

CHILI BEANS: Chili beans are also known as red or kidney beans. Kidney beans are rich in soluble fiber - which helps to eliminate cholesterol from the body. They are a good source of folate, potassium, iron, manganese, copper and zinc. As a high-potassium, low-sodium food, they help reduce blood pressure. *Source: www.whfoods.org*

ONIONS: A member of the allium family onions contain 25 active compounds that appear to inhibit the growth of cancerous cells, help combat heart disease, inhibit strokes, lower blood pressure and cholesterol, and stimulate the immune system. Alliums are also antibacterial and anti-fungal, so they can help ward off colds and relieve stomach upset and other gastrointestinal disorders. *Source: [The Sweet Onion: http://www.sweetonionsource.com/healthy.html](http://www.sweetonionsource.com/healthy.html)*

GREEN PEPPERS: Brightly colored bell peppers, whether green, red, orange or yellow, are rich sources of some of the best nutrients available. Peppers are excellent sources of vitamin C and vitamin A (through its concentration of carotenoids such as beta-carotene), two very powerful antioxidants. For atherosclerosis and diabetic heart disease, peppers also contain vitamin B6 and folic acid. *Source: whfoods.org*

TOMATOES: In the area of food and nutrient research, studies have been conducted on lycopene in tomatoes. This carotenoid found in tomatoes (and everything made from them) has been extensively studied for its antioxidant and cancer-preventing properties. According to the World Food Web site, lycopene has been shown to help protect not only against prostate, but breast, pancreatic and intestinal cancers, especially when consumed with fat-rich foods, such as avocado, olive oil or nuts.

WHO SAYS IT HAS TO COST AN ARM AND A LEG TO TAKE CARE OF AN ARM AND A LEG



Sure, it's an old saying, but it's one we don't have to agree with. Whether it's paying high out-of-pocket deductibles or navigating through the insurance system and hospital bills, today's healthcare system can weigh heavily on your personal schedule as well as your budget. That's not how healthcare should be.

In fact, as a patient, you have control over where you go for specialized healthcare services – and the decision you make can have a direct impact on what those services cost. We're sure you'll find out why healthcare the way it should be doesn't have to hurt your budget.

When you select a physician who's a member of the Mississippi Valley Health Network you have someone who will work with you, your family, employer and insurance providers to make sure you get on the road to recovery (and back on your feet) safely, quickly and economically.

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