

Health Point

Today's Health Topic: GERD

Heartburn, acid reflux, GERD: Occurs when the valve between the stomach and esophagus fails to close after swallowing, allowing stomach contents to reflux into the esophagus.

Whatever the technical terminology, the words all conjure up a very unpleasant image of gastric distress and discomfort. Anyone who suffers from these common ailments probably knows about traditional treatments such as dietary adjustments, medication, and laparoscopic surgery. What they may not be aware of is a new option that broadens the continuum of care.

Los Alamos Surgical Associates General Surgeon Rodney Barker is one of a handful of physicians in New Mexico currently offering the EsophyX TIF surgical procedure - TIF being the acronym for Transoral Incisionless Fundoplication. If it sounds even more intimidating than traditional "laparoscopic fundoplication", it shouldn't. Barker says it actually represents a less invasive method of treating chronic acid reflux disease.

"My main reason for wanting to bring the procedure to LAMC is that it is a less invasive procedure and is done without incisions in the abdominal wall," he said. "It's all done through the mouth. It can be as effective as the standard laparoscopic procedure in most patients who are candidates. It also has less side effects and risk for complications."

Barker trained for the new procedure in Seattle, WA, under the guidance of EndoGastric Solutions (EGS), developers of the surgical device that facilitates the surgery. Patient information from EGS describes Esophyx



Rodney Barker, MD
General Surgeon

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February 5

WOMEN'S HEART DAY

Healthy
PROGRESS REPORT

CANCER CONTROL MONTH



Today's Health Topic: GERD(cont.)

TIF as an "innovative procedure (that) reconstructs the valve and restores the body's natural protection against reflux. The EsophyX device and the endoscope are gently inserted through the mouth. The device forms and fastens tissue folds to create a valve, recreating natural anatomy." The device is then removed, and "nothing remains (in the patient) except for the small sutures," Barker said. He added that through the years, many alternatives to traditional surgery have been explored, but, "This is the first one that made sense to me."

Surgeons opting for the training must have already finely honed endoscopy skills as well as excellent surgical skills, Barker said. "When I did the training, I found it to be a relatively easy surgery and very straightforward." And while the field of physicians currently doing EsophyX TIF is small, he expects the number to grow. "I think that within a few years, it may be the main surgical treatment for reflux."

EGS data shows, says the developer, that "in recent studies, TIF patients reported 80% improvement in quality of life, significantly improved satisfaction, and reduction/elimination of heartburn symptoms. All patients discontinued medication after the TIF procedure, and 79% were still completely off daily medication two years after the procedure."

As outlined by EGS, the benefits of TIF include:

- No external skin incisions - no scarring
- No internal cutting or dissecting of the natural anatomy - more rapid recovery
- Fewer adverse events and complications
- Does not limit future treatment options
- Can be revised if required

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TIF is performed under general anesthesia and requires the patient not to eat or drink for several hours prior to the less-than-1-hour procedure.

It is critical that the stomach be empty during surgery. Patients spend the first post-operative night in the hospital, returning home the next day and gradually resuming most normal activities within a few days. As with any surgery, some post-operative discomfort is expected, usually in the stomach, chest, nose and throat, for the first week. Complete recovery is dependent upon the patient's compliance with discharge instructions for diet, physical activity, medications, return to work, and follow up.

Barker said a conservative approach to GERD is generally preferred - diet adjustments and medications usually first on the list. However, persons interested in exploring whether they are candidates for the new procedure may call LASA for information. "It is a less invasive, less risky way to solve reflux problems," Barker said. "It will work for many patients."



-- Here's to Healthy Hearts --

Live What You Learn

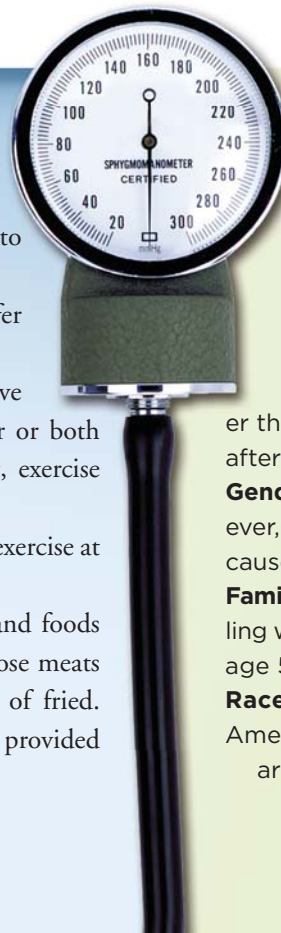
Fortunately, there are several proactive steps you can take to reduce your risk for heart disease. So take charge!

Stop Smoking: You are two to four times more likely to suffer from heart disease if you continue to smoke.

Reduce Cholesterol and Lower High Blood Pressure: Have your cholesterol and blood pressure checked. If either or both are too high, ask your personal physician how diet, exercise and/or medication can help reduce your risk.

Exercise and Lose Weight: 30 minutes of aerobic exercise at least three times a week is a good start.

Eat a Healthy Diet: Avoid saturated fats and foods cooked in margarine and shortening. Choose meats that are baked, broiled or grilled instead of fried. Limit your intake of salt and eat more fiber provided by whole grains, fruits and vegetables.



-- Here's to Healthy Hearts --

Are You at Risk?

Unfortunately, there are some risk factors for heart disease over which you have no control.

Age: The older you are, the greater the risk. 80% of heart attacks occur after age 65.

Gender: Men are at greater risk. However, heart disease is also the leading cause of death among women.

Family History: Having a parent or sibling who has had a heart attack before age 55 increases your risk by 33%.

Race: African Americans, Hispanic Americans and Native Americans are more at risk.



Rates Decline But Disease Still Too Common

April is Cancer Control Month, a good time to highlight the many recent advances in the fight against cancer.

Here's the good news: cancer rates and deaths have declined for the past two decades, for several reasons. Cancer screenings, such as mammograms, have become more effective in detecting the disease earlier when survival rates are higher. The treatment of cancer through chemotherapy, radiation and other techniques has also improved. And thanks to increased awareness about the risk factors that cause cancer, more people are eating healthier, exercising more, quitting smoking and losing weight.

Even with all these advances, cancer is still the second leading cause of death after heart disease. One in two men and one in three women will develop cancer.

So what can you and your loved ones do to help detect cancer? First, during your yearly physical exam, ask your personal physician to conduct a cancer-related checkup of your skin, thyroid, lymph nodes, testicles and ovaries. Also, be sure to discuss what cancer screenings and tests you may need.

Here are the screening guidelines for four of the most common types of cancer.

Breast Cancer: Annual mammograms starting at age 40.

Colon and Rectum Cancer: Starting at age 50, you should have a colonoscopy every 10 years.

Prostate Cancer: For men, beginning at age 50, your physician should conduct a PSA test and a digital rectal exam every year.

Cervical Cancer: Women should have a Pap test every year, beginning at age 21 or within three years after having sexual intercourse.



Jan Merin, MD
Oncologist/Hematologist



Are You At Risk For Diabetes?

Are you 45 or older? Are you overweight or obese? If you answered "Yes" to both questions, you may be at risk for diabetes. Other risk factors include a family history, high blood pressure or high cholesterol.

Diabetes is a lifelong medical condition marked by high levels of a sugar called glucose, a source of energy for the body. Insulin, which is produced by the pancreas, moves glucose from the bloodstream to the body's muscle and fat cells. With diabetes, the pancreas does not produce enough insulin and/or the muscle and fat cells do not respond to the insulin.

The rate of diabetes has been growing at an alarming

rate – 5% a year since 1990. Currently, almost 24 million people in the United States suffer from diabetes, and almost six million people who have diabetes are unaware that they have the disease.

Fatigue, always being thirsty, increased urination, increased appetite and blurred vision are the usual symptoms for diabetes. If you have any of these symptoms, ask your personal physician about having a Fasting Plasma Glucose Test to check for diabetes. You can also go to www.diabetes.org and take the Diabetes Risk Test by answering a few simple questions.





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-- Women's Heart Day --

Go Red on February 5!

What's the #1 killer of American women? The answer, surprising to many, is heart disease. If you think the answer is cancer or some other medical condition, you're not alone. In a study conducted by the American Heart Association of 1,000 women, only 13 percent knew that coronary heart disease is the greatest health threat for women.

You can help change this misperception. The first Friday in February has been designated as "Go Red For Women Day" to raise awareness about the risk of heart disease and stroke in women. By wearing your favorite red outfit on February 5, you'll be showing your support for this national movement to educate women about their risk of heart disease.

Here's another step you can take. Go to www.GoRedForWomen.org and take the Go Red Heart Checkup to determine your risk level. It only takes a few minutes. You'll receive a customized Personal Action Plan for making changes in your diet and lifestyle so you can live "Heart Smart." And who knows? It just might save your life.



HEALTHY PROGRESS REPORT

Highlights of 2009

Welcome to our second year of HealthPoint! Thanks to our regular readers and warmest greetings to newcomers. I'd like to update you on our most exciting 2009 accomplishments.

LAMC brought on board two crucial pieces of imaging equipment: digital mammography and 16-channel magnetic resonance imaging (MRI), representing significant additions to the war on breast disease. Digital mammo is up to 85% more accurate than, and twice as fast as, traditional methodology, while the MRI creates dual breast images simultaneously, producing, in less time, a higher quality of film for the radiologist to read. Other MRI image upgrades include abdomen, brain, spine, vascular, and musculoskeletal systems.

Five new physicians joined the medical staff. Otolaryngologist Dr. Ian Alexander, our ear, nose, and throat (ENT) doctor, implemented state-of-the-art procedures, and we expect the same kind of advances from our newest general surgeon, Dr. Ivan Shulman. Dr. Avelina Bardwell is now an LAMC hospitalist, while Drs. Michelle Carr and Jennifer Vigil are new primary care physicians.

Finally, our multi-million dollar construction projects are rapidly nearing completion. When visiting LAMC, you will see numerous improvements. Meanwhile, thank you for your support during an exciting year of growth, technological and service advancement.

