Act to Prevent Cervical Cancer

Cancer of the cervix is a deadly disease that usually occurs in women ages 20 to 50 – although women are at risk throughout their lives. Learn more about how to protect yourself.

Causes of Cervical Cancer

“Infection with the human papillomavirus, or HPV, causes 99 percent of cervical cancer cases,” says Elizabeth Nugent, M.D., a gynecologic oncologist affiliated with Memorial Hermann Southeast Hospital. By age 50, four out of five American women have contracted one or more HPV infections. Most kinds of HPV don’t cause cancer, and infections disappear on their own within a year or two. However, women with HPV infections that don’t go away face a high risk of developing cancer of the cervix.

Symptoms, Detection and Treatment

Women with early-stage cervical cancer usually don’t have symptoms. If they do, they may experience bleeding between periods or after intercourse or menopause; a persistent vaginal discharge; or long, heavy periods. Women with advanced cancer may have pelvic or back pain, fatigue and heavy vaginal bleeding.

“A Pap test can find the disease, which is confirmed by follow-up biopsies,” says Dr. Nugent. “Caught early, in its precancerous stage, the disease can often be treated successfully before the cells become cancerous.”

Treatment depends on the cancer’s stage, size and shape as well as the woman’s health and age. Surgery, chemotherapy and radiation, alone or in combination, are used to treat cervical cancer.

Make Time for Good Health

Turn to page 2 to learn more about medical screenings every woman should have. Then use ScheduleNow to make your appointment online at memorialhermann.org.

Take Steps for Prevention

Because cervical cancer develops slowly, regular Pap tests are the best way to prevent it. These tests can detect abnormal cell activity before the cells become cancerous. How often you should be tested depends on your age and medical history. Talk with your doctor about the schedule that is best for you.

Also, females ages 9 to 26 can be vaccinated against the forms of HPV that cause cervical cancer. According to the Centers for Disease Control and Prevention, the vaccines (Gardasil and Cervarix) are safe and effective. Using condoms can also reduce the risk of contracting an HPV infection that could lead to cancer.

Remember: Cancer of the cervix can be deadly. However, you can take steps to prevent or detect it.

Dr. Nugent is a gynecologic oncologist.
Must-Have Medical Screenings

Women have a secret weapon to help them live long and well: preventive screenings. “These help catch diseases and problems early, when they are most treatable,” says Aurora Gonzalez, M.D., an obstetrician/gynecologist affiliated with Memorial Hermann Southeast Hospital. Dr. Gonzalez practices at the Pearland location with partner Stacey Thomas, M.D., also a Memorial Hermann Southeast affiliated OB/GYN.

The following is a chart of important screenings for women, based on the recommendations of major health organizations and U.S. government agencies. “These recommendations can serve as a general guide,” says Dr. Thomas, “but you should talk with your doctor to find out which tests and what schedules are best for you.”

<table>
<thead>
<tr>
<th>SCREENING</th>
<th>WHO NEEDS IT</th>
<th>WHEN</th>
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<tbody>
<tr>
<td><strong>GYNECOLOGIC HEALTH</strong></td>
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<tr>
<td>Pelvic Exam</td>
<td>Women ages 21 and older; sexually active women</td>
<td>Annually for first 3 years, then every 1 to 3 years</td>
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<tr>
<td><strong>HEART DISEASE</strong></td>
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<tr>
<td>Cholesterol Test</td>
<td>Women ages 20 and older</td>
<td>Every 5 years</td>
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<tr>
<td><strong>DIABETES</strong></td>
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<tr>
<td>Blood Sugar Test</td>
<td>Women ages 45 and older; pregnant women at high risk;&lt;br&gt;younger women with risk factors such as obesity and family history of diabetes</td>
<td>Once at age 45, then every 3 years; during pregnancy</td>
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<tr>
<td><strong>CANCER</strong></td>
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<tr>
<td>Pap Test</td>
<td>Women ages 21 to 65</td>
<td>Per the U.S. Preventive Services Task Force (USPSTF), Pap test every 3 years for most (or Pap test with HPV test every 5 years, ages 30 to 65); Pap tests not needed if over 65 with normal screenings and average risk</td>
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<tr>
<td>Clinical Breast Exam (CBE)</td>
<td>Women ages 18 and older</td>
<td>Every 3 years for women ages 20 to 39; yearly from age 40</td>
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<tr>
<td>Mammogram (Breast X-ray)</td>
<td>Women ages 40 and older</td>
<td>Every 1 to 2 years (If a family member is diagnosed with breast cancer prior to age 40, discuss possible earlier screening with healthcare provider.)</td>
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<tr>
<td>Fecal Occult Blood Test (FOBT)</td>
<td>Women ages 50 and older</td>
<td>Every 1 to 2 years</td>
</tr>
<tr>
<td>Flexible Sigmoidoscopy</td>
<td>Women ages 50 and older</td>
<td>Every 5 years</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>Women ages 50 and older</td>
<td>Every 10 years (If a family member is diagnosed with colon cancer under age 50, need colonoscopy 10 years before youngest age of diagnosis or age 40)</td>
</tr>
<tr>
<td>Double Contrast Barium Enema (Colon and rectum X-ray)</td>
<td>Women ages 50 and older</td>
<td>Every 5 years if not having colonoscopy or sigmoidoscopy</td>
</tr>
</tbody>
</table>

1Pregnant women at risk for gestational diabetes include those who are older than age 25, have had the condition before, or have a family history of diabetes.
2The American Cancer Society (ACS) recommends CBEs for women ages 40 and older. The USPSTF, however, believes there is not enough evidence to assess the value of CBEs for women ages 40 and older. Women should talk with their doctors about their personal risk factors.
3Currently, the ACS recommends yearly screening for all women ages 40 and older. The USPSTF recommends screening every two years for women ages 50 to 74. Women should talk with their doctors about their personal risk factors before making a decision.
4Some doctors may recommend FOBT plus sigmoidoscopy.
Q&A: Can You Lower Your Risk of Bladder Cancer?

The urinary bladder is a balloon-shaped organ in the body that temporarily stores urine. It also can be a site for cancer – the sixth most common cancer in the United States. Below, Goutham Vemana, M.D., a urologic oncologist affiliated with Memorial Hermann Southeast Hospital, shares answers to common questions about bladder cancer.

Q. Who gets bladder cancer?
A. Men are three to four times more likely than women to develop this type of cancer. White males are also three times more likely to develop bladder cancer than African-Americans. There is a rising incidence of bladder cancer with age. It is fairly rare for someone to develop bladder cancer if they are under the age of 40, as the average age of someone diagnosed with bladder cancer is 70.

Bladder cancer can be caused by genetic abnormalities as well as certain environmental exposures. By far the most common environmental exposure in the United States causing bladder cancer is smoking. People who smoke have anywhere from two to six times the likelihood of developing bladder cancer. Additionally, the more cigarettes you smoke, the greater your risk.

Q. Besides not smoking, what else can I do to help prevent bladder cancer? Does my diet make a difference?
A. If you are a smoker, it is imperative that you quit. By stopping, you can lower your risk of developing bladder cancer over time. Though the evidence is somewhat lacking, it is thought that a Mediterranean diet or a diet rich in fruits and vegetables may reduce your risk of bladder cancer.

Q. How do I know if I have bladder cancer?
A. The most common sign of bladder cancer is blood in the urine. Some patients are able to see the blood, and other times, blood is only seen microscopically. Though not everyone with blood in the urine has bladder cancer, it certainly requires further investigation. Other possible, but less likely, symptoms include painful urination or not being able to urinate; frequent urination; and lower back pain.

If you have any of these problems, see your doctor right away, as you may need to be referred to a urologist for a specialized evaluation. While blood in the urine is concerning, there are many other causes for this, including infections, medications, prostate problems and even kidney stones. However, if you are diagnosed with bladder cancer, the chances of beating it are very good if it’s detected early.
Just about everyone snores sometimes, but excessive, chronic snoring may indicate sleep apnea, a sleep disorder that affects 18 million adults.

The most common form is obstructive sleep apnea, in which airflow is blocked and breathing is interrupted for several seconds because the muscles in the back of the throat fail to keep the airway open. “Obstructive sleep apnea may increase the risk for high blood pressure, heart disease, mood changes or depression, type 2 diabetes, memory problems and drowsy driving,” says Michael Byrd, M.D., an otolaryngologist affiliated with Memorial Hermann Southeast Hospital.

Who Is at Risk?
Obstructive sleep apnea occurs in men, women and even children. Your risk may be higher if you are overweight; have a large neck; have a recessed chin, small jaw or large overbite; or have a small upper airway, large tongue, large tonsils or large soft palate (the roof of your mouth). Sleep apnea is more common among those who drink alcohol or use tobacco, are age 40 or older, or are African-American, Pacific Islander or Hispanic.

Know the Signs
Snoring isn’t the only sign of sleep apnea, and not everyone who snores has a sleep disorder. Other common symptoms include:
- A dry mouth or sore throat when you wake up
- Difficulty concentrating
- Frequently waking up during the night to use the bathroom
- Irritation or moodiness, or, in the case of children, hyperactivity or poor performance at school
- Morning headaches

To make a diagnosis, your doctor will conduct a physical exam, especially of your throat and nose. He or she may suggest you keep a sleep diary for a few weeks to chronicle your sleep experiences.

Evaluating Your Sleep
Your doctor also may recommend conducting a polysomnogram during a sleep study to better understand your sleep patterns. During a polysomnogram, you sleep while wearing sensors attached to your head, face, chest and limbs. These sensors record brain activity, eye movement and vital signs such as heart rate and blood pressure. The test also measures oxygen levels in the blood, airflow, snoring and chest movements.

“Your sleep study results will determine what type of treatment you need,” says Dr. Byrd. “Treatment may include losing weight, abstaining from alcohol or sleeping on your side.” You may also need to wear a breathing device called a continuous positive airway pressure machine, which helps people with sleep apnea breathe while they sleep. People with more severe sleep apnea may need surgery to reduce the soft tissue blocking airflow.

Dr. Byrd is an otolaryngologist.
Protecting Our Student Athletes

More than 12,000 area student athletes now receive medical support and services through Memorial Hermann Southeast Hospital.

During this athletic season, Memorial Hermann Southeast will provide medical support to middle and high school students in the Pearland and Pasadena Independent School Districts.

“We provide a valuable asset to our community,” says David Crumbie, M.D., a sports medicine fellowship trained orthopedic surgeon affiliated with Memorial Hermann Southeast who is also an assistant professor of orthopedic surgery at UTHealth Medical School. “Our program puts medical professionals in these schools and on the field, where they can greatly affect the health and wellness of the student population – and at no expense to the district or the taxpayer.”

Memorial Hermann Southeast provides Pearland and Pasadena ISDs with:

- Education opportunities on injury prevention for athletic trainers and coaches
- Athletic Training Room Rounds with Memorial Hermann physicians and trainers
- Saturday Morning Injury Clinics for any student athlete during football season
- Expedited access to emergency care, orthopedic and sports medicine physicians
- Access to concussion specialists
- Return to play

“Our goal,” states Evan Meeks, M.D., a sports medicine fellowship trained orthopedic surgeon affiliated with Memorial Hermann Southeast who is also an assistant professor of orthopedic surgery with UTHealth, “is to work with the athletes, their coaches and athletic trainers to reduce the risk factors so we can prevent injuries. When injuries do occur, we help to assess, treat and rehabilitate the athletes in order to return them to their pre-injury state.”

Another benefit for the student athletes is the extended care made available to their families. Andrew Li, M.D., is a sports medicine fellowship trained family medicine physician affiliated with Memorial Hermann Southeast, specializing in sports medicine and an assistant professor of orthopedic surgery with UTHealth. He is a resource for the athletes’ entire families, ensuring that their health is managed and any injuries are rehabilitated without surgical intervention, when possible. “Our program strives to promote a safe and healthy lifestyle for children of all ages and their parents,” says Dr. Li. “Our commitment to the community extends beyond the playing field.”

SAFETY FIRST. The first step to a winning season is a sports physical to ensure your child is healthy and ready to play. Visit www.memorialhermann.org/southeast to schedule an appointment.

Dr. Crumbie is an orthopedic surgeon.

Dr. Li is a family medicine physician.

Dr. Meeks is an orthopedic surgeon.
The ER or the Urgent Care Center: Do You Know Where to Go?

Making choices can be tough, especially when you or someone in your family needs quick medical attention and you don’t have much time to decide where to go for help – either an urgent care center or the emergency room.

But knowing where to go for appropriate care ahead of time is important because studies show that half of all emergency room visits are not for true emergencies. And the less of an emergency you have, the longer you may have to wait to get the care you need. That’s because the doctors and nurses are busy treating other patients in life-or-death situations.

What’s the Difference?
An emergency room and urgent care center offer some of the same types of services, such as X-rays and blood tests. But they differ in important ways. For example, an emergency room is open 24 hours a day, seven days a week, and treats patients with life-threatening illnesses or injuries. An urgent care center has limited hours and is designed to treat minor medical problems.

What’s a True Emergency?
Although this is not a complete list, here are examples of true emergency situations:

- Chest pain
- Trouble breathing
- Sudden, severe pain, such as a headache or stomachache
- Head or back injuries
- Bleeding or vomiting that won’t stop
- Loss of consciousness
- Poisoning
- Major burns and cuts
- Choking

What’s an Urgent Care Need?
An urgent care center is the right place to go for medical problems that need immediate, but not emergency, attention. Examples include:

- Minor sprains
- Small cuts
- Sore throats
- Fevers
- Ear infections

Even though an urgent care center can provide important medical treatment, if you are in doubt, go to the nearest emergency room or call 911.

Superhero Day
Saturday, November 8, 2014
11 a.m. to 2 p.m.

Join Topper, H-E-Buddy and others as Memorial Hermann Convenient Care Center in Pearland, H-E-B Plus and the YMCA host an enchanting and ever so adventurous Superhero Day for the little ones in your life.

- All attendees are encouraged to come dressed as their favorite superheroes.
- Meet local superheroes such as firefighters, emergency medical personnel, police officers and the Memorial Hermann Life Flight® team.
- Have a fun-filled afternoon, including an entertainment stage with special performances by Precision Dance Academy led by owner/instructor Alicia McGee, music, games, prizes, food and much, much more.

Located at Your Superhero Headquarters
10905 Memorial Hermann Drive
Pearland, TX 77584
Admission is FREE.
From the Couch to 5Ks: Weight Loss Surgery Gives Houston Resident Hope for the Future

Houston resident Charles House, 47, once waited in line for an hour with his son to ride a roller coaster at Fiesta Texas — only to be told he was too large to fit in the ride. House had always been big. As a semipro football player, House was pressed by his coach to gain as much weight as possible. When a fractured ankle ended House’s career, he weighed 405 pounds.

Years later, House’s weight remained high, and he was worried about more than his health. “I was worried about not being there for my kids and grandkids,” he says. “Being overweight forced me to miss out on life; I just sat on the couch.”

Now, two years after bariatric surgery at Memorial Hermann Southeast Hospital, House has lost 158 pounds — and is enjoying life to its fullest.

Bariatric surgery limits the amount of food a person can eat at one time. Some surgeries also prevent the body from absorbing some calories. Memorial Hermann Southeast offers a variety of minimally invasive surgery options performed onsite. Weight loss surgery isn’t for everyone. It’s an option only for people who have serious obesity-related health problems and haven’t been able to lose weight any other way.

Research shows that bariatric surgery can reduce the risk for type 2 diabetes. In people with severe obesity, surgery may also lower death rates.

“I would always tell my wife about the different weight loss programs at Memorial Hermann Southeast,” says House, a certified surgical technician at Memorial Hermann Southeast. “She finally asked me, ‘Why haven’t you tried it?’ It hit me that dieting wasn’t working for me, so I talked to some of the doctors I worked with about the best option for me.”

House’s journey didn’t end after his gastric sleeve surgery. House knew that the best results happen when bariatric surgery patients exercise regularly and follow healthy eating patterns.

“It has changed my life, but I tell everyone at my Weight Loss Support Group that surgery is just the start. You have to maintain it with a healthy diet and exercise,” says House, who also helps run the Weight Loss Support Group at Memorial Hermann Southeast. “Now, I don’t have to miss out,” says House. “I have more energy today than I’ve had in a long time. I even started doing 5K runs with my wife.”

Charles House, a certified surgical technician at Memorial Hermann Southeast, lost 158 pounds after bariatric surgery. INSET: House before his surgery
What’s more certain than change? Like everything else, your treatment for knee osteoarthritis may need an update as time goes by, because what works in the beginning may not work forever. Here are three signs that you need to take a fresh look at your treatment plan:

1. Your knee pain, soreness or discomfort has gotten worse, and regular exercise and over-the-counter pain relievers aren’t doing the job.
2. You’re having trouble sleeping because of knee pain.
3. Daily activities like walking, bathing and getting dressed are becoming hard for you.

To get relief, you can try a non-drug treatment. “Self-care methods can make a difference, such as taking hot baths and showers and using a heat wrap or cold pack,” says the Joint Replacement Program Medical Director, Victor Van Phan, D.O., affiliated with Memorial Hermann Southeast Hospital. Other tactics include:

- Regularly scheduled rest to avoid overexertion
- Acupuncture, massage therapy or physical therapy
- Ultrasound or TENS (transcutaneous electrical nerve stimulation) treatments
- Biofeedback or hypnosis

Talk with your doctor about options for stepping up your medication therapy. They may include:

- A nonsteroidal anti-inflammatory drug (NSAID) or duloxetine (Cymbalta®)
- Prescription pain medication
- Topical pain-relief creams and sprays
- Injection of pain medicine or corticosteroids into the knee joint to reduce pain and inflammation
- Injection of hyaluronic acid substitutes to lubricate the knee joint

If your knee arthritis has become disabling, you may benefit from surgery. “Surgical procedures can remove loose pieces of bone and cartilage, smooth the surface of the knee joint or reposition the joint to reduce pain,” explains Dr. Van Phan.

A surgeon can also replace all or part of the knee joint with a synthetic joint. Most patients have to undergo physical therapy after surgery. It is important to follow instructions from your healthcare providers. “A successful joint replacement is a team effort, with the patient being the captain of the ship,” says Dr. Van Phan.

Talk things over carefully with your doctor. It may take some trial and error to find the right combination of treatments for you, but it’s worth the effort. Don’t let your knee pain keep you from enjoying life – make a change for the better.