

Today, I saved a life!



No, I'm not a doctor or a nurse, I'm a special event planner. But today I helped a lady receive a heart catheterization and a young man to receive physical rehabilitation. I support our local not-for-profit hospital through the Henry Medical Center Foundation. My money underwrites nurse scholarships, equipment purchases and ongoing medical training. Every day my contributions make a difference... and sometimes even help save lives.

—Donna Bowman

Make a Difference... Leave a Legacy... Save a Life.

Give to the 2008 Henry Medical Center Annual Fund

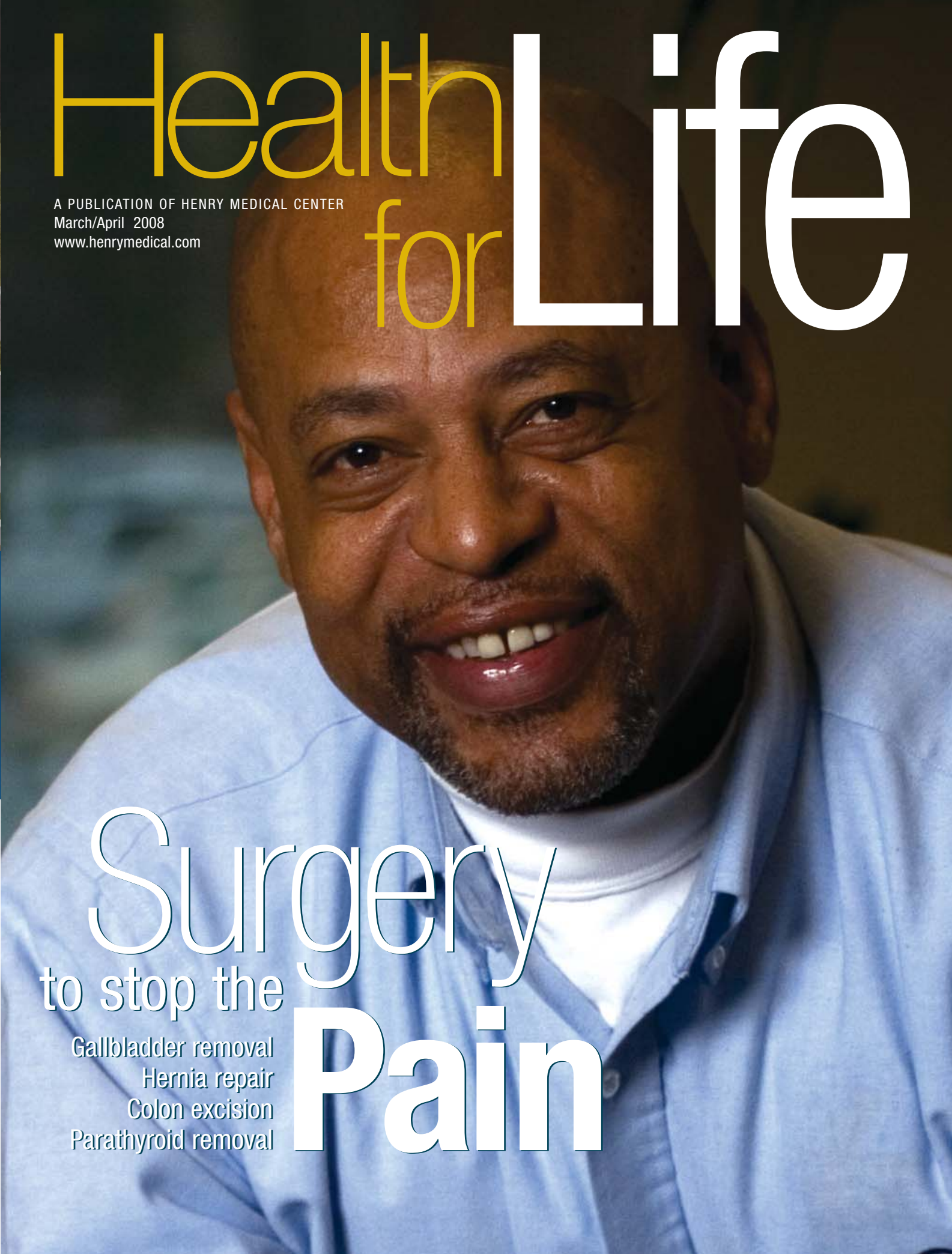
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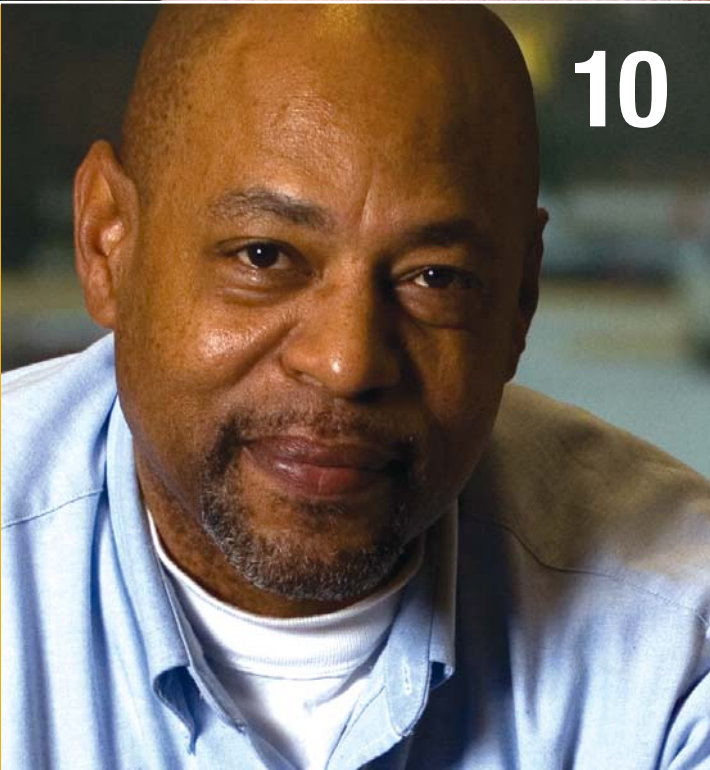
Health for Life

A PUBLICATION OF HENRY MEDICAL CENTER
March/April 2008
www.henrymedical.com



Surgery to stop the Pain

Gallbladder removal
Hernia repair
Colon excision
Parathyroid removal



Surgery

March/April 2008

2

No More Pain

New techniques allow for gallbladder removal with little discomfort and almost no pain

6

Hernia Help

Hernias may seem to come and go, but surgery can eliminate the problem permanently

8

Catching Cancer Early

Annual diagnostic tests detect ailments before they become irreversible

10

Gradual Condition, Guaranteed Cure

Video assisted surgery allows doctors to see a patient's insides more accurately

12

Henry Medical Center News

Need a Physician?

Call 678-604-1017 or visit www.henrymedical.com

Health for Life

On the cover:

Willie Brinkley experiences relief from pain.

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For questions or comments about Health for Life, please call or write the Henry Medical Center Marketing Department, 1133 Eagle's Landing Parkway, Stockbridge, GA 30281, (678) 604-1026.

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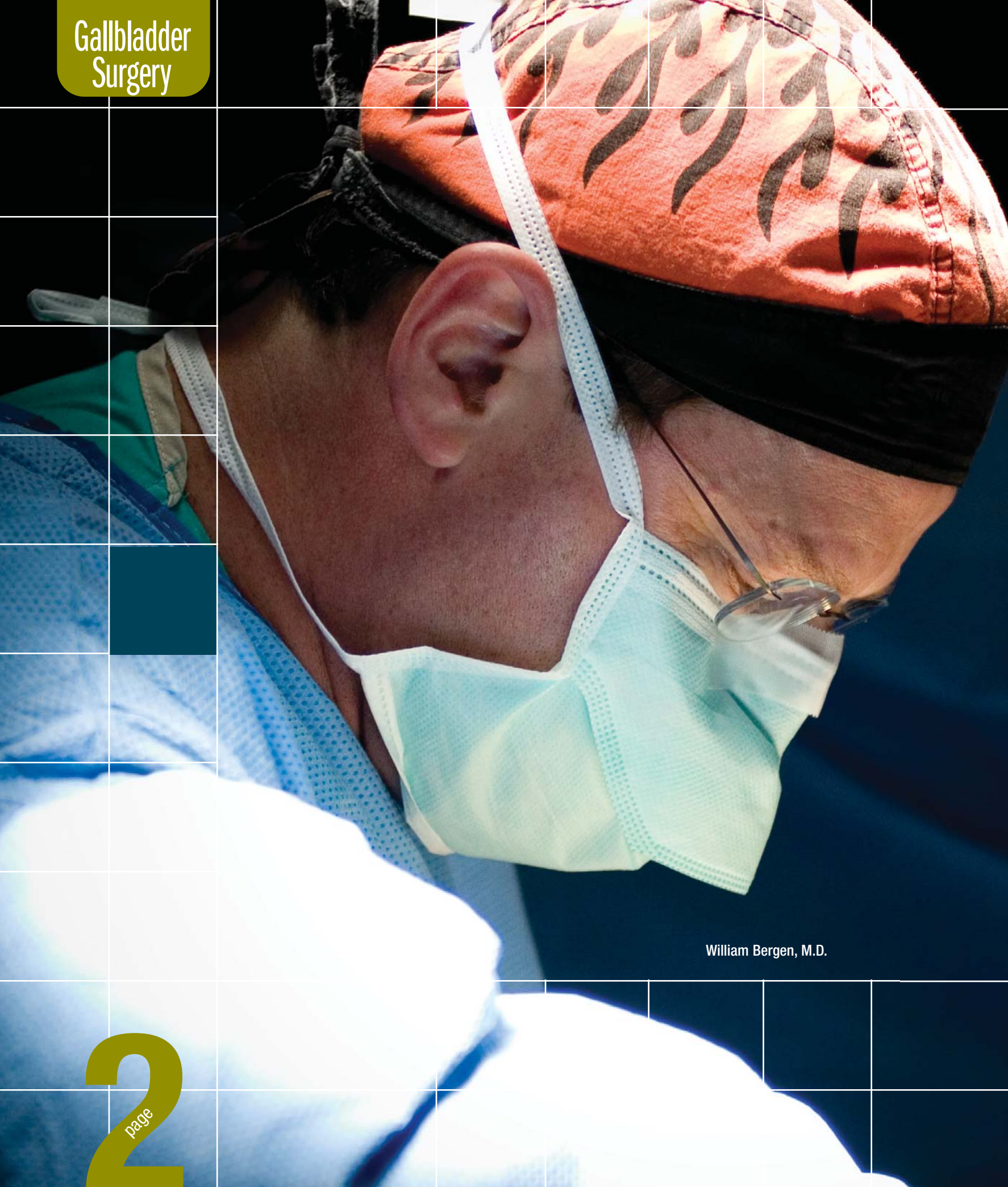
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William Bergen, M.D.

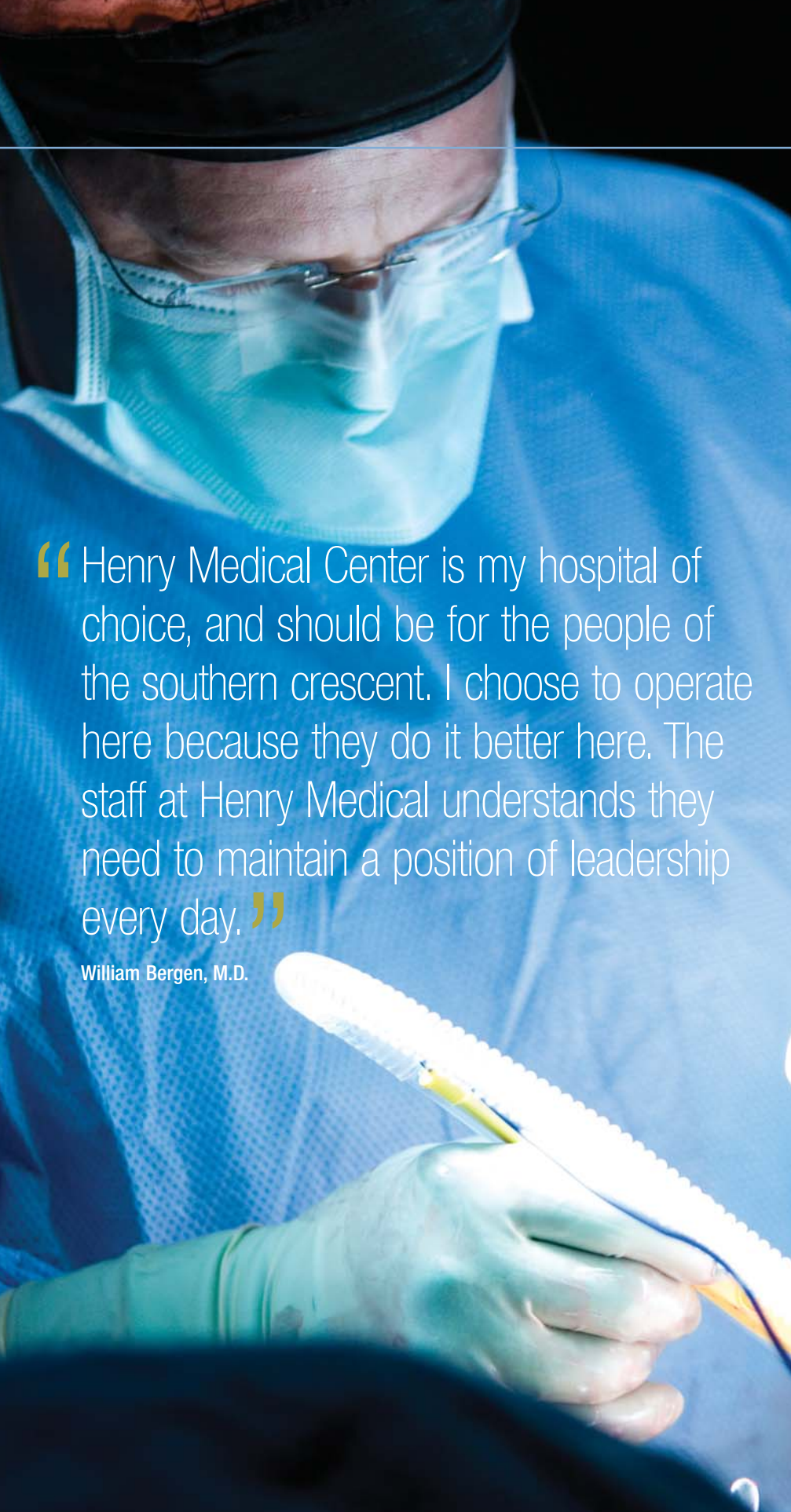
No More Pain

Stockbridge resident Pat Hickman lived with on-again, off-again gallbladder problems for years. And while some patients have surgery almost immediately, Hickman waited as long as possible.

“I would have an attack, but then the pain would go away for a long time,” she says. “I spent years like that, but my doctor didn’t want to do anything because I didn’t have gallstones.”

Hickman didn’t argue the point, partly because she had a less-than-ideal gallbladder surgery experience 20 or 25 years ago.

“I had a deep down, aching pain in the area that went around to my back,” she says. “I went in for surgery, but the doctor didn’t take my gallbladder out because he didn’t feel any stones. He did remove some adhesions, but then just sewed me back up and that was it.”



“Henry Medical Center is my hospital of choice, and should be for the people of the southern crescent. I choose to operate here because they do it better here. The staff at Henry Medical understands they need to maintain a position of leadership every day.”

William Bergen, M.D.

The experience, in Hickman’s words, “was horrible. I had this big crossways incision and was in a lot of pain during recovery. But that’s just the way they did it back then.”

Fortunately for Hickman and other patients, times have changed. Today, 95 percent of gallbladder procedures are performed laparoscopically, says William Bergen, M.D., general surgeon and chief of surgery at Henry Medical Center. “As a surgeon, I can see some things laparoscopically better than I can see them with my own eyes.”

“Gallbladder disease is extremely prevalent, especially in the Western world because of the way we eat and live,” he says (gallbladder problems usually worsen after eating fried or fatty foods). “Everybody knows somebody who’s had gallbladder surgery.”

Physicians remove a person’s gallbladder to treat gallbladder disease (including gallstones, infection, inflammation or gallbladder cancer) or when the gallbladder is functioning improperly. If he’s able to complete the procedure laparoscopically, he makes four small incisions in the patient’s upper abdomen. Then he inserts a laparoscope (a small, thin tube with a scope on the tip that allows him to see inside the body) and other tools into the incisions to remove the gallbladder.

Although surgeons usually try to perform the procedure laparoscopically, Dr. Bergen says it’s not always possible. The patient might have scar tissue that blocks the surgeon’s view or have inflammation or bleeding around the gallbladder. Medical conditions such as liver disease, bleeding problems or heart conditions might also prevent laparoscopic surgery.

When Hickman was referred to Dr. Bergen for the surgery, he discussed both options with her. “I expected scar tissue because of her previous operation,” he says. “I thought there was a good chance she would need open surgery, but we decided to try it laparoscopically first. It was more difficult than usual because of the scar tissue, but I was able to complete the surgery through the scope. She was very grateful we were able to try that route.”

“I was so excited when Dr. Bergen said he might be able to remove it laparoscopically,” Hickman says. “Then I was so excited when I woke up after surgery and hadn’t been cut open! I had four little incisions that weren’t even big enough for stitches.”

“There are lots of times in medicine when there’s no right or wrong answer,” Dr. Bergen says. “The physician just has to trust his instincts. It’s good to know you made the right decision and did something a little better for the patient.”

Hickman went home later that day. Her recovery consisted of taking it easy for a few days and gradually increasing activities as she felt able.

“Before the surgery, eating certain things would cause me to have an attack,” she says. “I basically still ate what I wanted and tried not to worry about it too much. Now I don’t have to worry at all.”

“The things surgeons are able to do now are amazing,” Hickman adds.



“I was sore and a little uncomfortable for a few days, but that was all. I would tell anyone who’s having problems to go ahead and have the surgery because it’s really not that bad.”

Pat Hickman

Hernia Help



Greg Cannon and Sally

The signs were hard for Greg Cannon to ignore: a protrusion in his abdominal area and discomfort that worsened as he stood or moved about.

“I’d had previous experiences like this, so I knew what it was,” the McDonough resident says. “I had a hernia.”

A hernia is a defect where the inside layers of muscles are weakened. The weakness leads to a bulge or tear in the wall. Two of the most common types include inguinal hernias (in the groin area) and ventral hernias (in the abdominal wall).

Sometimes a hernia will recede and stop causing problems for the moment, but others don’t. (Even hernias that seem to go away really don’t—only surgery can correct the damage.)

Untreated hernias can become incarcerated, meaning the intestines bulge through the hernia defect and become trapped. An incarcerated hernia can lead to a high risk of infection, intestinal blockage or bowel destruction if left untreated.

Cannon saw Manohar Nallathambi, M.D., a surgeon with Surgery South for an evaluation and to discuss his options. He diagnosed a ventral hernia.

“Dr. Nallathambi performed laparoscopic gallbladder surgery on me 13 months prior to this, so I was comfortable going to him,” Cannon says. “The hernia popped back into place during tests, but Dr. Nallathambi agreed that I still needed surgery. Otherwise it would’ve become an emergency case later.”

“Ventral hernias are most common when a patient has complications after surgery, or when the patient is heavy,” Dr. Nallathambi says. “Most can be tackled by laparoscopic surgery.”

During laparoscopic hernia repair, the surgeon uses small incisions and a special camera to see the defect. He reinforces the area with a mesh patch, then closes the incisions with a few stitches or tissue glue.

Many patients who undergo laparoscopic hernia repair go home the same day, but Cannon spent the night at Henry Medical Center. “This was my fourth hernia repair, so they wanted to keep me overnight because of that history. They were aware of all the circumstances, and I felt like I got the best of care.”

Very few patients who have surgery for an inguinal hernia experience a recurrence. Patients with ventral hernias, however, might be a different story.

“It depends partly on the size of the hernia, the surgical technique used and the patient’s build,” Dr. Nallathambi explains. “Patients who are overweight have a higher rate of recurrence because their body weight puts increased pressure on the abdominal wall and materials used during repair.”

Cannon’s recovery was a bit slower than some patients, but he doesn’t complain. “I’ve had both open and laparoscopic hernia repairs,” he says. “Laparoscopic is definitely the way to go if your surgeon can do it that way.”

Dr. Nallathambi agrees, and adds that prompt treatment also makes a difference. “The sooner you can diagnose and take care of the problem, the more complications will be minimized.”

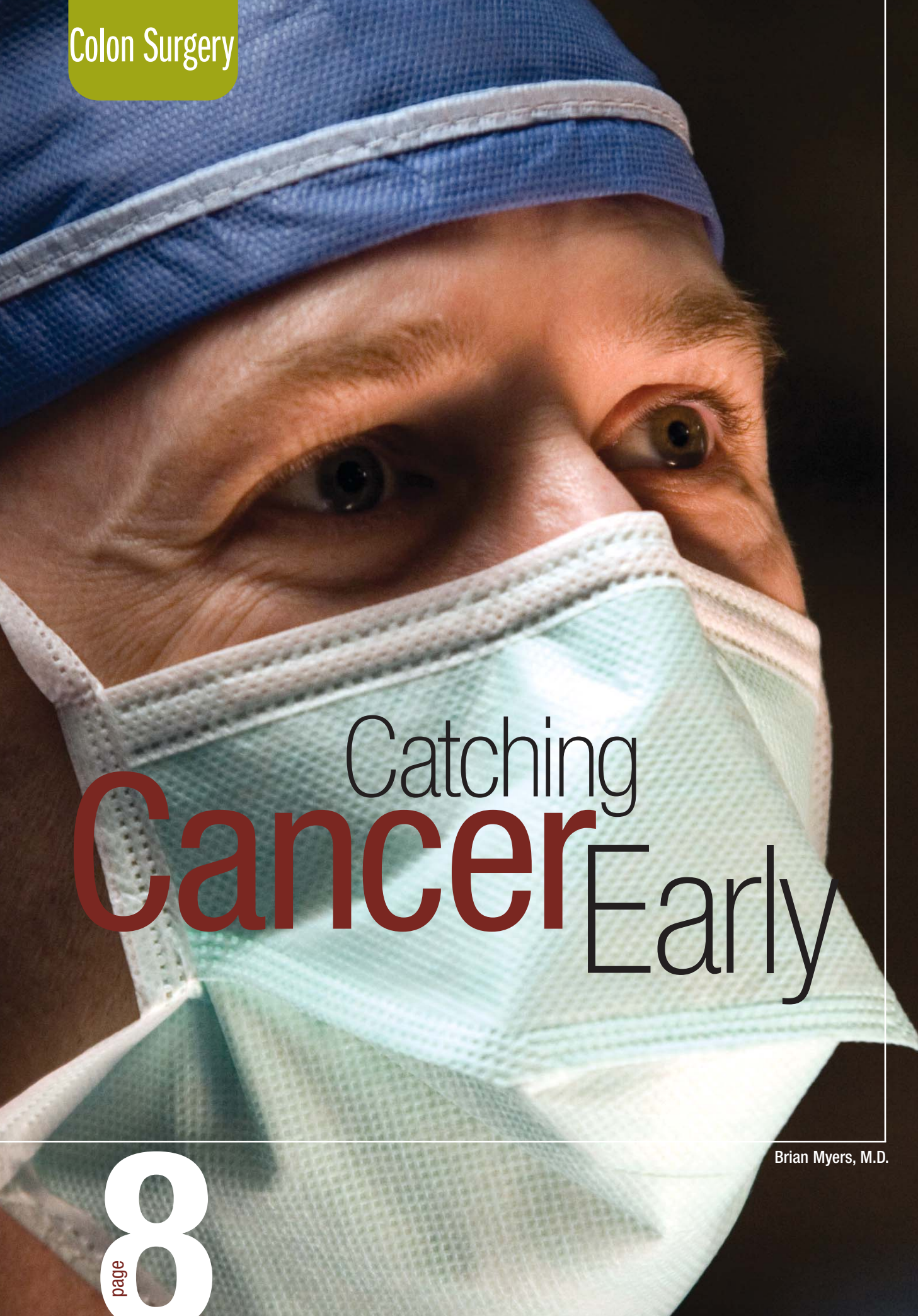
“Having the hernia repaired made a world of difference in my daily routine,” Cannon continues. “You can procrastinate, but it’s still there and you run the risk of it getting worse. With all the advances in technology, there’s no reason not to have it treated.”



“When you start seeing the signs of a hernia, you need to get help immediately.”

Manohar Nallathambi, M.D.





Catching Cancer Early

Brian Myers, M.D.

“Your activities after the surgery are completely unrestricted; you can do what you feel like doing.”

Brian Myers, M.D.

Kathy Honea of Locust Grove didn't intentionally ignore her physician's advice to schedule a colonoscopy; life just kept her busy with other things. But her husband Chuck kept reminding her of it, and that insistence saved her life.

During the procedure, the physician found a flat polyp. He told Honea that it might simply be caused by irritation, but he wanted to check further. A biopsy showed that the polyp was precancerous.

The physician recommended a follow-up test in four months. By this time, the polyp had spread and a biopsy showed first-stage cancer.

“I was shocked because I had no symptoms whatsoever,” Honea says. “But it was spreading rapidly, and the doctor said I would've been at third or fourth stage cancer in a year. We knew we had to get that area out.”

Honea's physician referred her to Surgery South's Brian Myers, M.D., for surgery.

“The cancer hadn't spread to my lymph nodes, so he was able to get it all. I'm very, very lucky,” Honea says.

“Many benign polyps can't be removed with an endoscope because they're too thin or flat,” Dr. Myers says. “Patients might come for surgery because of that, or because a colonoscopy finds cancer or because of problems from multiple episodes of diverticulitis.”

In Honea's case, Dr. Myers was able to remove about a foot of her colon laparoscopically. That means a few small incisions instead of a large one, faster recovery and much less pain. Most patients stay in the hospital for a few days, but Honea actually went home the next day.

“I've had patients who left the hospital the next day and went back to work the following day,” Dr. Myers says. “They just need to gauge themselves and do what they feel like doing.”

Honea doesn't return to her physician for another follow-up until December, but this time she'll be sure to schedule the visit. “We really went through an ordeal, but it's fortunate I went ahead and had the colonoscopy. I think it's the thought of the test that bothers people so much. There's really nothing to the procedure itself but it's very important.”



“I've never been one to harp on friends, but now I talk to them about having their tests done.”

Kathy Honea

Srinivasa Gorjala, M.D.

Gradual Condition, Guaranteed Cure

As a former military man, McDonough resident Willie Brinkley is accustomed to staying active and keeping in shape—no laziness allowed. Last year he found that mindset being challenged, when he began feeling tired and short-fused.

“It was a gradual thing,” he says, “but I realized I just wasn’t feeling like myself. I was used to being active, but started feeling lethargic.

I would go to the gym and not feel like working out. I was tired all the time and knew I was being irritable.”

When Brinkley went for his annual physical, his physician also noticed some changes. He ordered follow-up

blood work that showed elevated calcium levels (a condition called hypercalcemia).

“He thought I might have a parathyroid problem,” Brinkley says. “He sent me to some websites and once I started reading I thought, ‘Yes, that’s it!’ I was convinced that’s what was wrong.”

The parathyroid glands are located in the neck behind the thyroid gland. The thyroid gland regulates the body’s energy production and

the parathyroid glands handle calcium metabolism. Although some parathyroid problems can be monitored or treated with medication, others require surgery.

“Many patients don’t feel specific symptoms when they have parathyroid problems,” says Srinivasa Gorjala, M.D., a surgeon at Surgery South. “They might be tired or notice personality changes, but most people don’t feel sick. They don’t realize the long-term effects a parathyroid problem can cause, such as osteoporosis for women.”

Recognizing thyroid problems, however, can be more clear-cut. “Patients can usually feel a mass in their neck,” Dr. Gorjala says. “They have an ultrasound and possibly a biopsy to diagnose the problem. If it looks worrisome the surgeon will remove part or all of the gland.”

Brinkley went to Henry Medical Center for additional tests. They confirmed that one of his parathyroid glands didn’t look well, so Brinkley’s physician referred him to Dr. Gorjala. They met to discuss Brinkley’s symptoms and tests and decided to proceed with surgery.

Humans have four parathyroid glands. During surgery, the physician removes the gland he believes is problematic. He then draws blood work to check the patient’s parathyroid hormone level.

“Sometimes we’re worried that more than one gland might be affected,” Dr. Gorjala says. “If we

remove one gland and the hormone level drops to fifty percent of what it was before surgery, we know we cured it. If not, we check to see if another gland looks affected. Ninety percent of the time it’s just one gland, but sometimes it’s more.”

Dr. Gorjala uses a video-assisted surgical technique for virtually all his parathyroid procedures. Incisions are only one-half to one-inch long, which means a quicker recovery and less pain for patients. “The surgeon can see so much better with video assistance,” Dr. Gorjala says. “The camera magnifies sections so I can see better with it than with my own eyes.”

Brinkley wasn’t worried about the surgery itself, but was concerned about potential aftereffects. “My doctor had said there’s a slight chance of damaging the voice box during the surgery. I present a career direction program at local high schools, so my voice is my life. Worrying about that almost caused me to not have the surgery, but Dr. Gorjala and his staff set me at ease.”

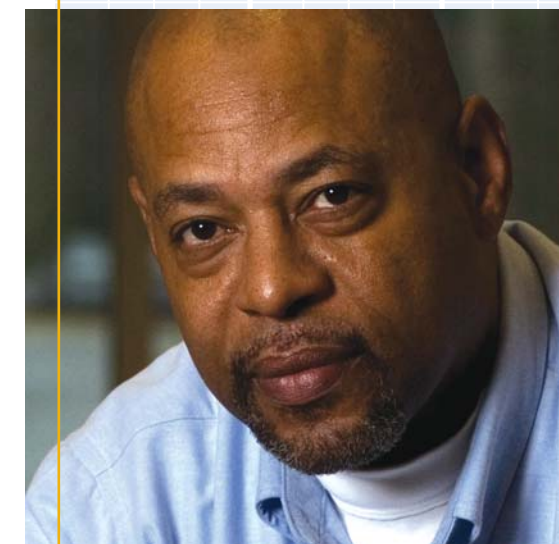
The first thing Brinkley wanted to do after surgery was hear his voice. It was fine, and he says recovery has gone well. Now he’ll just have follow-up blood tests to keep a check on his calcium level.

“The best part is I immediately noticed a change,” he says. “I have my energy back and am feeling much better. Dr. Gorjala and the people at Henry Medical took great care of me.”



“Dr. Gorjala’s staff was stern but sympathetic. They made me feel more comfortable with going forward.”

Willie Brinkley





Henry Medical Center offers patients the world's most advanced COMPUTED TOMOGRAPHY TECHNOLOGY

The First System Using Two X-rays Enables Faster Diagnoses without Need for Beta Blockers

A new breakthrough in computed tomography (CT) technology using two X-rays is enabling physicians at Henry Medical Center to obtain clearer images of the beating heart and make timely diagnoses in the emergency room. Henry Medical Center is among the first facilities in Atlanta and the U.S. to offer the SOMATOM Definition dual source CT system from Siemens Medical Solutions. It produces images with twice the resolution and speed of the most advanced single-source CT systems, without the need for a patient to take medications to slow the heart.

The dual source capabilities of the Definition enable physicians to examine patients with elevated or irregular heart rates without having to first administer

beta blocker medication to reduce the heart rate before the exam. With other CT scanners, patients must take beta blockers to slow the heart before it can be seen clearly, since the motion of the beating heart can cause blurred images. The Definition can complete a scan in less time than it takes the heart to beat, which enables physicians to capture motion-free images without beta blockers. Physicians are able to use the Definition to help make faster and more confident diagnosis in emergency and acute care settings, particularly in examining patients with acute chest pain, abdominal pain, and suspicion of stroke. Physicians can now review results before the patient has left the table, allowing them to provide immediate feedback and quickly determine treatment options.

While the Definition uses two X-ray sources and offers twice the imaging power, it subjects patients to as much as 50 percent less radiation exposure than the most advanced single-source CT systems.

This is because the speed of the system allows physicians to obtain the images in half the time, and physicians can use special software that automatically reduces radiation to the lowest dose possible to the patient.

"The Definition enables us to bring the most advanced CT technology available to our patients," said Jeff Cooper, vice president of Operations. "The dual source technology provides anatomical detail not previously available through CT, giving us more information to make diagnoses and treatment decisions without invasive surgery. In addition, the speed of the system and reduction in patient preparation time enable us to examine patients more efficiently and conveniently."

Ask your physician about the advantages of Henry Medical Center's new leading edge technology.

Support Groups

Ala Teen

Meets in the Foundation Education Center. Every Wed from 8:00-9:00 pm.

Alcoholics Anonymous

Meets in the Foundation Education Center. Every Wed, 8:00-10:00 pm and Sat 7:00-8:00 pm.

Al-Anon

Meets in the Foundation Education Center. Every Wed 8:00-10:00 pm and Sat 7:00-8:00 pm.

Cancer Education/Support

Call 678-604-1040 for more information.

Crohn's & Colitis

Meets in the Foundation Education Center. Third Tues at 7:00 pm.

Diabetes Support Group

Meets in the Foundation Education Center. Pre-registration required. Third Tues at 6:00 pm. Call 678-604-5106 for more information.

Fibromyalgia Support Group

Meets in the Foundation Education Center. Last Thurs of every month from 7:00-8:30 pm.

Grief Recovery

Call 678-604-1054 for registration, dates and times.

Lupus Support

Meets second Sat each month, 11:00-1:00 pm.

Narcotics Anonymous

Meets every Fri from 8:00-9:00 pm and every Sun from 5:30-6:30 pm.

Sisters By Choice

For women diagnosed with breast cancer. Meets in the Foundation Education Center. First Tues at 7:30 pm.

Southern Crescent Parents of Multiples

Meets in the Foundation Education Center. Fourth Thurs from 7:30-9:00 pm.

Southside Weight Loss Surgery Group

Meets 4th Tues 6:30-7:30 pm.

Stroke Resources

Call 678-604-1040 for more information.

For more information about support groups, call 678-604-1040.

Classes

Arthritis Foundation Self Help Program

The six-week course is designed to offer support and education to those affected by arthritis.

Childbirth Classes

Meets in four-week or one Saturday sessions.

CPR and First Aid

Rescue techniques are taught by the American Heart Association guidelines. Call 678-604-1040 to register.

Diabetes Self-Management

Two-day classes are held each month.

Evening Seminar Series

Offers classes on lung and heart disease, cancer and healthy cooking.

Get Moving Again

For hip and knee surgery patients. Meets the last Saturday of the month.

Health Fairs

Free screenings are offered for blood pressure, cholesterol, blood glucose, bone density, prostate and many other services.

Look Good Feel Better

This program is designed to help women undergoing cancer treatment to regain self-confidence and control over their lives. Meets in the Foundation Education Center monthly from 10:00 am - 12:00 pm. Call 770-631-0625 for dates and to register

On-Site Health Related classes

Henry Medical Center offers customized on-site health related classes that can be conducted at your business, school, or organization.

Planning for your Final Healthcare

Learn how you and your family can discuss and plan in advance for health care at the end of life. Call 678-604-1054.

Safe Home Exercise

A physical therapist can personalize a program for stretching, weight training, and cardiovascular exercise. Must present a prescription for an exercise program. Call 678-604-1028.

For more information about classes, please call 678-604-1040.

News

Henry Medical Center Offers FREE Diabetes Screening

Thursday, March 20, 2008, from 1 P.M. to 5 P.M. at the Wal-Mart in McDonough

During the diabetes screening, participants will receive a blood glucose screening, symptoms education and prevention information.

For more information about this event, please call Henry Medical Center's Community Education Department at 678-604-1040. No registration is required for this event. Walk-ins are welcome.

Relay For Life

Please join us for Relay For Life of Henry County May 2 and 3, 2008. Begins at 7 P.M. at Union Grove High School Stadium

www.events.cancer.org/rflhenryga

Henry Medical Center President & CEO Charles F. Scott is an Honorary Chair of this year's event.

Henry Medical Center Introduces New Nuclear Imaging System



Leading edge technology in nuclear medicine is now available at Henry Medical Center. As the only hospital in the southeast with the new Philips's BrightView nuclear imaging system, Henry Medical Center patients can now benefit from non-invasive, highly advanced diagnostic testing which can lead to potentially life-saving

treatment options or rule out serious medical conditions.

Nuclear imaging is an important diagnostic technology for lung, breast, liver, and other types of cancer. It is also extremely effective in creating cardiac, bone, pulmonary, brain, thyroid, and renal images. Based on the images produced by the new BrightView system your doctor may be able to recommend treatment options immediately, reducing or eliminating the need for more invasive tests or procedures like biopsies.

Henry Medical Center is pleased to offer this latest advancement in technology to its patients.