

HealthSigns

Spring 2012



Technology is helping patients beat breast cancer **Page 4**



There's a new destination for joint care at WHHS **Page 3**

New and expecting parents have a convenient resource for top-notch care and support, right in the neighborhood **Page 5**

Washington Hospital Healthcare System
2000 Mowry Avenue
Fremont, CA 94538-1716

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Could You Be at Risk for Shingles?

Learn what shingles is and how you can avoid this painful rash. **Page 7**

Health Events

Classes, screenings and health fairs at Washington Hospital

May 2012

Crohn's Disease and Colitis: Risk for Colorectal Cancer

Date: Tuesday, May 22

Time: 1 to 3 p.m.

Speaker: Annamalai Veerappan, M.D., gastroenterology

Where: Conrad E. Anderson, M.D. Auditorium, Rooms A & B

June 2012

Stroke Prevention: Be Smart and Avoid Stroke

Date: Tuesday, June 5

Time: 6 to 8 p.m.

Speakers: Ash Jain, M.D., cardiology, and Doug Van Houten, R.N.

Where: Conrad E. Anderson, M.D. Auditorium

Pain When You Walk? It Might Be PVD

Date: Tuesday, June 12

Time: 1 to 3 p.m.

Speakers: Ash Jain, M.D., cardiology, and John Thomas Mehigan, M.D., vascular surgeon

Where: Conrad E. Anderson, M.D. Auditorium, Rooms A & B



Health Insurance: What You Need to Know

Date: Wednesday, June 6

Time: 10 a.m. to noon

Where: Conrad E. Anderson, M.D. Auditorium, Room A



Diabetes Matters: Trip Tips for People with Diabetes

Date: Thursday, June 7

Time: 7 to 8 p.m.

Speaker: Sandra Mertesdorf, R.N., CDE

Where: Conrad E. Anderson, M.D. Auditorium



Washington Women's Center Classes

Classes focus on health topics that are tailored to meet a woman's needs. Classes take place at the Washington Women's Center, 2500 Mowry Ave. (Washington West). Call **510-608-1301** to register or visit us at whhs.com/womenscenter for more information.

Summertime Is for Salads

Date: Wednesday, June 20

Time: Noon to 1 p.m.

Speaker: Maggie Villagomez, registered dietitian
Class limited to 20 attendees

Fee: \$5

Where: Washington Women's Center Conference Room

New Advances in Lupus Treatment

Date: Wednesday, May 23

Time: Noon to 1 p.m.

Speaker: Sabiha Rasheed, M.D., rheumatology

Where: Washington Women's Center Conference Room

DON'T MISS THIS FREE SCREENING

Peripheral Vascular Disease Screening

Date: Saturday, June 9

Time: 10 a.m. to 1 p.m.

Where: Conrad E. Anderson, M.D. Auditorium, Room A & B
Registration required. Call 800-963-7070 to register.



A Higher Level of Care

Facility's opening marks the beginning of a new era for hospital, joint care

The Center for Joint Replacement (CJR) at Washington Hospital has seen countless patients come through its doors with debilitating hip or knee pain—only to walk out celebrating a new lease on life, thanks to the innovative minimally invasive joint replacement techniques that have made Director John T. Dearborn, M.D., new Co-Director Alexander Sah, M.D., and the center's staff renowned for world-class care.

After receiving award upon award for achieving consistently superior results, the center will celebrate another milestone with the opening of a brand new, state-of-the-art facility that highlights its continuing commitment to excellent outcomes delivered by a compassionate and caring team of health care professionals.

"The new center opening feels like the culmination of our program, but also a coming together of the various parts of what we do," Dearborn says. "It feels like we're knocking the ceiling off, as we expand our research and postgraduate education capabilities in the larger space. At the same time, our consolidation into a one-stop shop for joint care will create more efficiencies and economies of scale, leading to a better patient experience overall."

No other joint replacement program has placed preoperative education, state-of-the-art surgical suites, breath-taking physical therapy space, and the outpatient clinic into one comprehensive setting, according to Dearborn. Complemented by the same friendly, attentive nursing staff, and the expertise of orthopedic surgeons who perform more joint replacement surgeries in a day than most practices perform in a month, The Center for Joint Replacement is truly unique, he adds.

The new facility boasts amenities one might typically associate with a comfortable hotel stay—private rooms and bathrooms, a warm, relaxing ambience, large windows, wood finishes and natural lighting.

A Commitment to Patients

"This new facility truly is a reflection of Washington Hospital Healthcare System's commitment to its patients and the community," says Ed Fayen, Washington Hospital's associate administrator of system operations and management support services. "The Center for Joint Replacement is an exceptional facility that will serve Washington Township Health Care District residents for generations to come."



John Dearborn, M.D., (left) and Alexander Sah, M.D., are co-directors of the award-winning Center for Joint Replacement at Washington Hospital.

"We are fortunate that our CJR has been recognized as the number-one joint replacement program in California by HealthGrades for providing outstanding patient care and achieving excellent outcomes," Sah says. "The strength of our program includes not only the surgical techniques but also the patient care and rehabilitation provided by our highly trained staff."

"We are delighted that our program and staff will now have a state-of-the-art facility in which to continue their outstanding work. In addition, the unification of services in one building will allow our research and education efforts to continue to benefit our patients."

Dearborn agrees that every aspect of what is offered comes down to one thing—improving care for our patients.

"The patient is why we're here," he says. "Without the patients, none of the rest of it would be necessary. All the other features—our growing body of research, sharing our knowledge with other joint care professionals, patient education—all of these developments are the natural result of our caring for a tremendous volume of patients."

"When you have a system that works and you deliver the care in a compassionate way with a staff of people who love what they do, then everybody is going to want to have you take care of them. The more patients we care for, the better we get."

Serving the Community

The new facility's development received significant support from the Washington Hospital Healthcare Foundation, and with good reason, according to Demetrious Shaffer, foundation president and deputy chief of the Alameda County Fire Department. He says The Center for Joint Replacement's contribution to the community and its citizens cannot be underscored enough.

"It is a proud moment in the Washington Hospital Healthcare Foundation's history to support The Center for Joint Replacement's legacy moving into the future," he says.

"This state-of-the-art facility pays tribute to a remarkable program that serves the community well by restoring the ability to walk pain-free." ●



The Center for Joint Replacement at Washington Hospital. This brand new, state-of-the-art facility highlights the hospital's commitment to offering the best in care.

THE FUTURE OF JOINT CARE

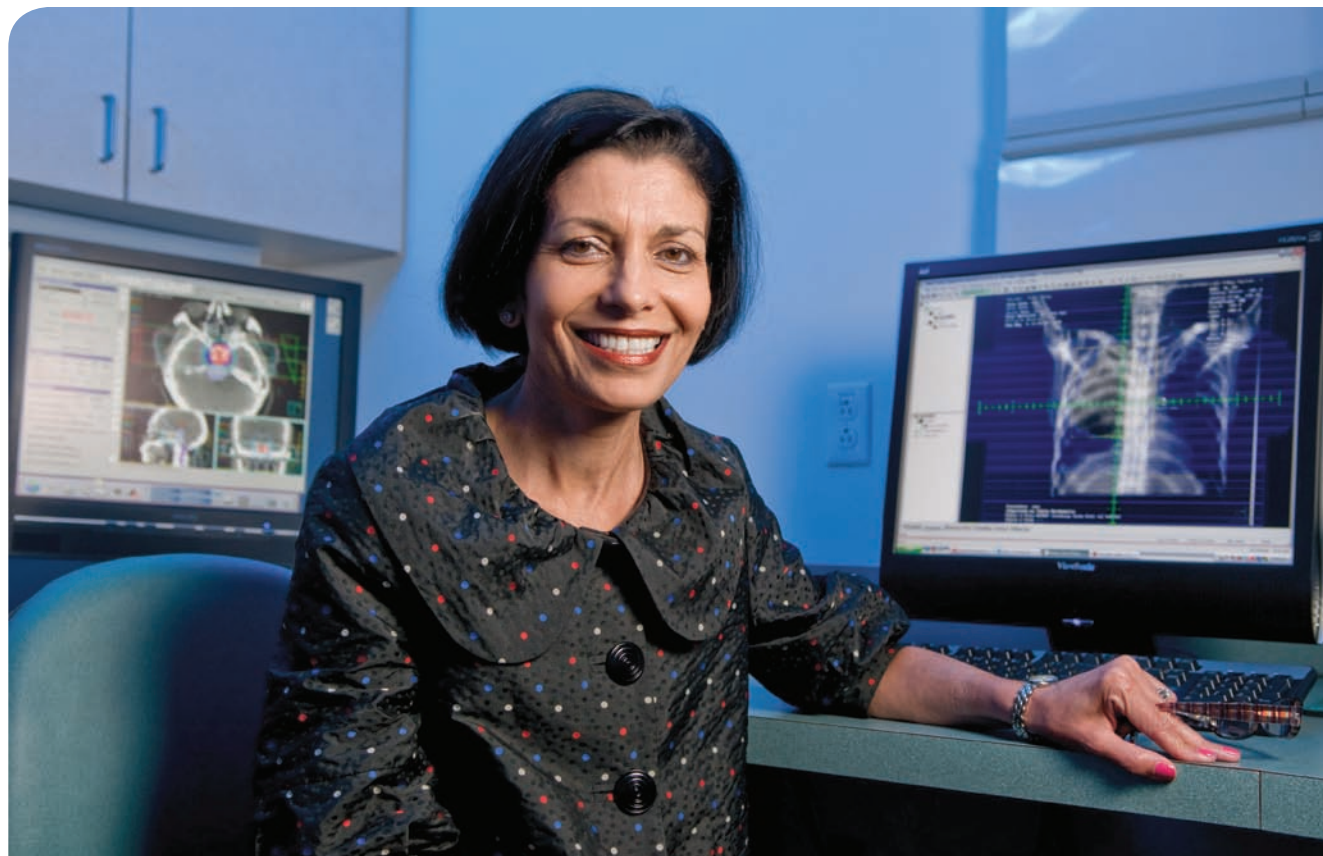
In April 2011, HealthGrades named Washington Hospital's Center for Joint Replacement the No. 1 joint replacement program in California. The program has now been ranked among the top 10 in California for six years in a row and has been ranked among the top 5 percent in the nation for five years in a row.

To learn more about leading-edge, minimally invasive joint replacement in the brand new facility, visit whhs.com/joint or call 888-494-7003.



New Treatment Options for Breast Cancer

Washington Radiation Oncology Center offers innovative therapies for patients



Ranu Grewal-Bahl, M.D., radiation oncologist and medical director of the Washington Radiation Oncology Center, is treating cancer patients with an innovative radiation therapy called high-dose rate (HDR) brachytherapy that greatly reduces treatment time and improves the accuracy of treatment.

This spring, the Washington Radiation Oncology Center is adding two new treatment options for certain cancer patients: High-dose rate (HDR) brachytherapy and prone breast radiation therapy not only can help improve the accuracy of treatment but also can help minimize injury to tissues surrounding the areas targeted for irradiation.

“Accelerated partial breast irradiation, or APBI, is a form of HDR brachytherapy that involves quick bursts of high-dose radiation, which greatly reduces treatment time,” says Ranu Grewal-Bahl, M.D., radiation oncologist and medical director of the Washington Radiation Oncology Center. “Using APBI, we can shorten the treatment time to one week, compared to the five to six weeks usually required for standard external beam radiation therapy.”

Advantages of HDR Brachytherapy

HDR brachytherapy can be used to treat a variety of cancers, including prostate, breast, cervical, uterine and skin cancers.

“We anticipate using HDR brachytherapy primarily for breast cancer,” Bahl notes. “In the past, breast cancers were treated by performing mastectomies. Now it is more common to use breast-conserving therapy, with a lumpectomy followed by external beam radiation. Recently, there has been more interest in targeting radiation directly to the area where the lump was removed rather than irradiating the entire breast, and HDR brachytherapy does precisely that.”

HDR brachytherapy can be performed with either a balloon-type catheter that inflates once it is inserted or with a bundle of catheters that resembles a whisk, which is inserted through a single entry point.

“The catheter can be put in place either during lumpectomy surgery or after surgery using the same scar and ultrasound guidance,” Bahl says. “In either case, we also

would perform a CT scan to verify the catheter is in the proper location. Then a computer-controlled remote device delivers a targeted dose of radiation to the breast tissue immediately surrounding the surface of the catheter balloon to kill any cancer cells remaining in the margins of the lumpectomy site. The patient receives a dose of radiation twice a day for five days, for a total of 10 doses. The catheter must remain in place until treatment is completed.”

According to Bahl, lumpectomies followed by radiation are considered more effective than lumpectomy surgery alone. “Preliminary data over the past five years indicate that HDR brachytherapy has the same success rate as whole-breast radiation,” she says. “HDR brachytherapy also produces good-to-excellent cosmetic results, with less skin irritation and minimal destruction of breast tissue.”

But HDR brachytherapy is not suitable for all breast cancer patients.

“This treatment is generally better suited to low-risk patients with tumors that are smaller than 3 centimeters and with no lymph node involvement,” Bahl cautions. “Also, the patients are usually over age 50 and postmenopausal. The physicians on our Tumor Board will carefully screen all cases to make sure the patients are suitable candidates for this type of treatment.”

Prone Breast Radiation Therapy

Patients who are better suited to whole-breast irradiation using external beam radiation therapy may be good candidates for receiving radiotherapy while in a prone (facedown) position, instead of in a supine (flat on the back) position.

“With prone breast radiation therapy, the patient is positioned on her stomach on a specially designed tabletop that has a hole for the breast being treated,” Bahl explains. “When the woman is facedown, the breast is below the table, and we can treat it with lateral radiation beams.

Because the breast hangs away from the body, radiation exposure to surrounding tissues and organs is minimized.”

Bahl notes that when patients are treated while on their backs, radiation applied to the breast on the right side often reaches the right lung, while radiation applied to the left breast may reach the heart and left lung. “With prone breast radiation therapy, 85 to 90 percent of patients will have no lung or heart tissue in the treatment field,” she says. “Treatment in the prone position also causes far less skin damage. It is especially beneficial for patients with larger breasts who tend to get worse skin reactions when treated in the supine position.”

The Washington Radiation Oncology Center is one of very few facilities in the Bay Area to offer prone breast radiation therapy. All treatments are supervised by Bahl or her colleague, radiation oncologist Michael Bastasch, M.D. The experienced staff at the Washington Radiation Oncology Center also includes three licensed radiation therapists, a medical physicist, a licensed dosimetrist and a licensed vocational nurse. ●

LEARN MORE ABOUT THE WASHINGTON RADIATION ONCOLOGY CENTER

The Washington Radiation Oncology Center is at 39101 Civic Center Drive in Fremont. Please visit whhs.com/cancer or call 510-796-7212 for more information.



Bringing Up Baby

New Maternal/Child Education facility adds dimension of convenience to caring

Moms

Moms are supposed to know everything from the moment their baby is born, right? Well, maybe not everything. In fact, moms—and dads—can benefit from guidance, support and education to make sure their babies get the best start possible.

The good news is that new and expecting parents don't have far to look to find top-notch pre- and postnatal services and support.

A Smoother Transition to Parenthood

Washington Hospital's Maternal/Child Education Department—which recently moved into its new stand-alone location—and its staff members and instructors are there to help make pregnancy and parenthood as smooth as possible.

"The space is brand new, and it has a very comfortable feeling," says Karen Smith, R.N., the department's clinical coordinator. "We also promote a very welcoming environment inside the classroom, and we limit class size to make sure we can give our clients the personalized support they need."

"In the childbirth classes, we can accommodate 10 couples. In infant massage, class size is limited to six participants. We're very aware of the importance of personal attention and what works for people. Our clients want to know that they're cared about, and we are committed to them."

Smith says that overall, the space adds a new dimension of ease to maternal/child classes and services.

"Our new space is really special to us because everything is now in one convenient location," she explains. "If you come to sign up for prenatal classes or lactation services, they are both right here. And if you're signing up for postpartum classes, you don't have to search for another building."

"Also, our new location is easy to find because it's on a corner and very visible from the street."

As a result, parents reap the benefits of comprehensive services for all their pre- and postnatal education needs,

according to Smith, who calls the new facility "one-stop shopping."

"You don't have to look around for more assistance or guidelines," she says.

What We Offer

Many expecting parents start out with the prenatal classes to prepare them for the arrival of their new baby. Offerings include the following:

- Childbirth Preparation Classes
- Refresher Class
- Intensive Class
- Mastering Multiples
- Sibling Preparation
- Prenatal Exercise

And, even better, support for new parents doesn't stop after birth. Several maternal/child education classes are geared toward a better postnatal experience. One of the most popular is the free Baby 'n' Me support group, which enables moms to trade tips and information as well as enjoy social interaction with other new moms and their babies.

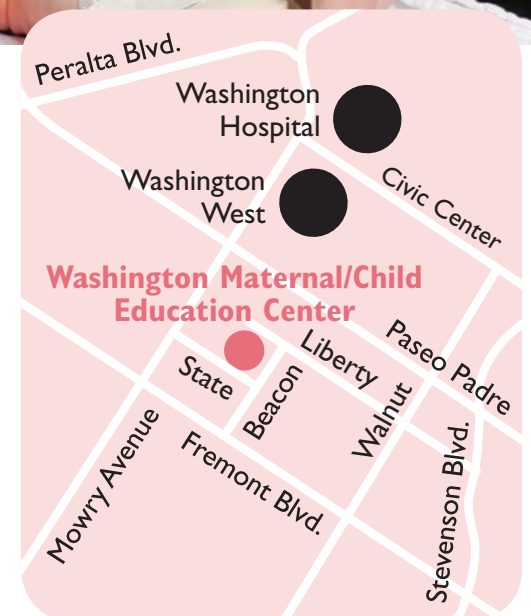
"We also have a great Prenatal Exercise Class and a very popular Prenatal Yoga Class," Smith says. "Once expecting moms start either prenatal exercise or yoga, if they don't use all their sessions, it segues into our postpartum yoga, which they can do with their babies, so there's a nice transition."

The new location also features lactation support and breastfeeding products, including a breast pump rental station that offers flexibility and a competitive pricing structure, Smith adds.

"Our goal is to provide continued social support and to focus on your overall well-being as a new mom," Smith says. "Everything is simplified now with childbirth classes and outpatient breastfeeding support all in one location—but with the same friendly staff." ●



Karen Smith, R.N., (left) clinical coordinator of Washington Hospital's Maternal/Child Education, oversees a variety of classes and services that help new and expecting parents.



New Location!

Washington Hospital's Maternal/Child Education Center is now at 3569 Beacon Ave. in Fremont. The center is open from 9:30 a.m. to 5:30 p.m. Monday through Friday. And moms who work during the week can purchase or rent a breast pump or supplies from 1 to 5 p.m. Saturdays.

BABY AND YOU

To learn more about Maternal/Child Education services, including classes and lactation support, visit whhs.com/childbirth-classes or call **510-818-5040** for class dates and locations. For lactation appointments and phone advice, call **510-818-5041**.



Radiation Safety

What you need to know



Mimi Lin, M.D., radiologist and director of Washington Hospital's Mammography Program says it's important for patients to discuss the benefits and risks of radiation with their physicians.

Today, doctors have more tools than ever at their disposal to diagnose and treat patients. Perhaps one of the most useful—and therefore widely used—is medical imaging, including X-rays, as well as more recent advancements, such as computed tomography scanning.

“Medical radiation has increased over the last century as the number and type of examinations have increased,” explains Mimi Lin, M.D., a radiologist and director of Washington Hospital's Mammography Program. “This is especially true in the last 25 years with the advent of computed tomography scanning, also known as CT or CAT scanning. CT image quality is excellent with great visualization of anatomy and pathologic processes.”

The effectiveness of CT scans to diagnose certain types of disease processes such as cancer, infection and trauma, as well as being a less invasive way to evaluate arteries of the body, has led to a dramatic rise in this type of medical imaging, according to Lin.

Increasing Use

“The number of CT examinations went from 3 million in 1980 to 62 million currently,” Lin says. “CT scans account for 15 percent of imaging procedures but 75 percent of medical radiation dose. This has resulted in an increase in the average personal radiation exposure in the United States.”

With the average person in the United States being exposed to more radiation during medical imaging procedures, from routine to complex, Lin says it's in the public's best interest to understand the benefits of these tests, as well as the inherent risk associated with the radiation exposure they involve.

“The major concern about radiation exposure is related to possible cancer induction,” Lin explains. “However, the increased risk of cancer development is generally regarded as small when compared to the natural incidence of cancer and other everyday risks—such as flying in an airplane and driving a car.



Washington Hospital takes every precaution necessary to protect patients who are exposed to medical radiation through scans.

“Additionally, when compared to other lifestyle factors, including smoking, alcohol consumption, diet, and sun exposure; environmental and occupational factors such as asbestos and pesticides; and infection agents such as viruses and bacteria, the risk associated with routine medical radiation exposure is insignificant.”

Knowledge Is Key

Unfortunately, Lin says, understanding of radiation and its use for diagnostic and treatment procedures is low, which can leave people feeling overconfident or fearful when their physician refers them for a procedure.

“I think most individuals don't understand radiation in general, let alone risk from radiation. Most people, including physicians, underestimate or overestimate the radiation dose for any given diagnostic procedure. In a recent survey of radiologists and emergency room physicians, about 75 percent of the entire group significantly underestimated the radiation dose from a CT scan.”

A better awareness of radiation and its uses in the health care setting is essential to making sure that patients and their physicians are partnering to make the best use of a tool that should be used with discretion. Lin says that radiation exposure used in medical imaging is best illustrated when compared with radiation that we are all exposed to from natural sources.

“The average person in the United States receives a dose of about three units of radiation—called millisieverts (mSv)—per year from naturally occurring background radiation. Mammography has an average dose of 0.7 mSv, or approximately three months' equivalent of background radiation.”

A CT of the chest, abdomen or pelvis, she says, has a radiation dose of approximately eight to 10 mSv each, which is equivalent to approximately three years of background radiation, and in the end, Lin says it boils down to making an educated judgment call.

“The question of the benefits versus the risks of radiation is important. And quite often the benefits do outweigh the potential risk. For example, finding an early breast cancer by screening mammography has been shown to outweigh the risk of the radiation exposure.” ●

Questions to Ask Your Doctor

If any test or prescription is ordered for you or your family member, you should understand its purpose. Here are some questions to ask your doctor:

- Why am I getting this test or medication?
- What question will the test answer?
- Is this the best test for the question?
- Are there alternatives to the test being ordered?
- What can happen if I don't take the test?
- Is the risk of the test worth the benefit of the result?

SAFEGUARDING OUR PATIENTS

Washington Hospital Healthcare System has systems and protocols in place to ensure patient safety and awareness. To learn more about how staff and physicians work with patients every day to improve outcomes and maintain a high level of patient safety, visit whhs.com/quality.



Are You at Risk for Shingles?

Get the details on this painful rash and learn how to avoid it



Dianne Martin, M.D., an infectious disease specialist at Washington Hospital recommends the shingles vaccine for people age 50 and over who have had chickenpox.



If you suffered through the itchy blisters associated with chickenpox as a child, you may be at risk of developing a painful rash called shingles. You can get shingles at any age, but it's more common in people over age 50, according to Dianne Martin, M.D., an infectious disease specialist on the Washington Hospital medical staff.

"We could end up seeing more cases as the population ages," she says. "It tends to be the 50-and-over crowd, and that demographic is growing."

About one in three people will develop shingles, also known as herpes zoster, according to the Centers for Disease Control and Prevention (CDC). Shingles is caused by the varicella zoster virus, the same virus that causes chickenpox. After you recover from chickenpox, the virus stays in your body. Years later it can be reactivated, causing shingles.

Older adults, those with cancer, HIV or an organ transplant, or people who have a decreased ability to fight off infection because of stress or immune deficiency have a greater chance of getting shingles, according to the CDC.

"The immune system keeps the virus under control," Martin explains. "When your immune system is weakened by stress or a medical condition, it makes you more susceptible to getting shingles. The virus stays dormant in the spinal cord and when something activates it, the virus travels along a sensory nerve to the skin where it causes shingles."

How to Recognize It

Shingles generally starts as a painful rash on one side of the face or body. The sensation can be itching, tingling,

burning, constant aching or a deep pain. The rash then forms blisters that usually scab over in seven to 10 days.

The word "zoster" is derived from the Greek word for "belt" or "circling," which describes how the rash develops, Martin says. It often shows up as a single band that looks like a belt line. The rash generally occurs in an area that a single sensory nerve supplies in the skin, she explains.

"Often, the pain starts several days before the rash breaks out, which can lead to a misdiagnosis," Martin adds. "We've had people come in with chest pain or abdominal pain who actually had shingles."

The rash lasts from two to four weeks in most cases. The main symptom is pain, but other possible symptoms include fever, headache, chills and upset stomach.

While the shingles rash can't be passed from person to person, the virus can spread through airborne or direct contact with fluid from the blisters. A person with active shingles can pass the virus to a person who has never had chickenpox, which could cause the infected person to get chickenpox, but Martin notes that it isn't common for that to happen.

"People who get shingles usually only have it once," she says. "But it is possible to have recurrent episodes."

Get Vaccinated

The only way to reduce your risk for shingles is through a vaccination, according to Martin. She recommends that people age 50 and older who have had chickenpox get vaccinated. The vaccine reduces the risk for shingles by about 50 percent, according to the CDC.

"Nothing is 100 percent," she says. "The shingles vaccine boosts your immunity to the virus, reducing the

chances it will reactivate. The vaccine can also reduce the risk for developing postherpetic neuralgia in those who do get shingles by about 60 percent."

Postherpetic neuralgia, or PHN, is the most common complication from shingles. People who develop PHN continue to experience severe pain in the areas where they had the shingles rash after the rash is gone.

"The shingles cause scarring on the nerves, which causes the pain," Martin explains. "It can be very debilitating."

She encourages anyone who thinks they may have shingles to consult their physician. Several antiviral medications are available that help to shorten the severity and length of the outbreak, but they are most effective when started early.

"I really urge people who have had chickenpox to get vaccinated," Martin says. "Shingles can be very painful and some people get devastating cases depending on the nerve involved. I've seen shingles develop in the eye, which can be very dangerous. You can lose your eyesight. If you are 50 or older and had chickenpox, talk to your doctor about getting vaccinated." ●

GET HELP FOR SHINGLES

For more about shingles, visit [cdc.gov/shingles](https://www.cdc.gov/shingles).
For information about wellness programs offered by Washington Hospital, visit [whhs.com](https://www.whhs.com).

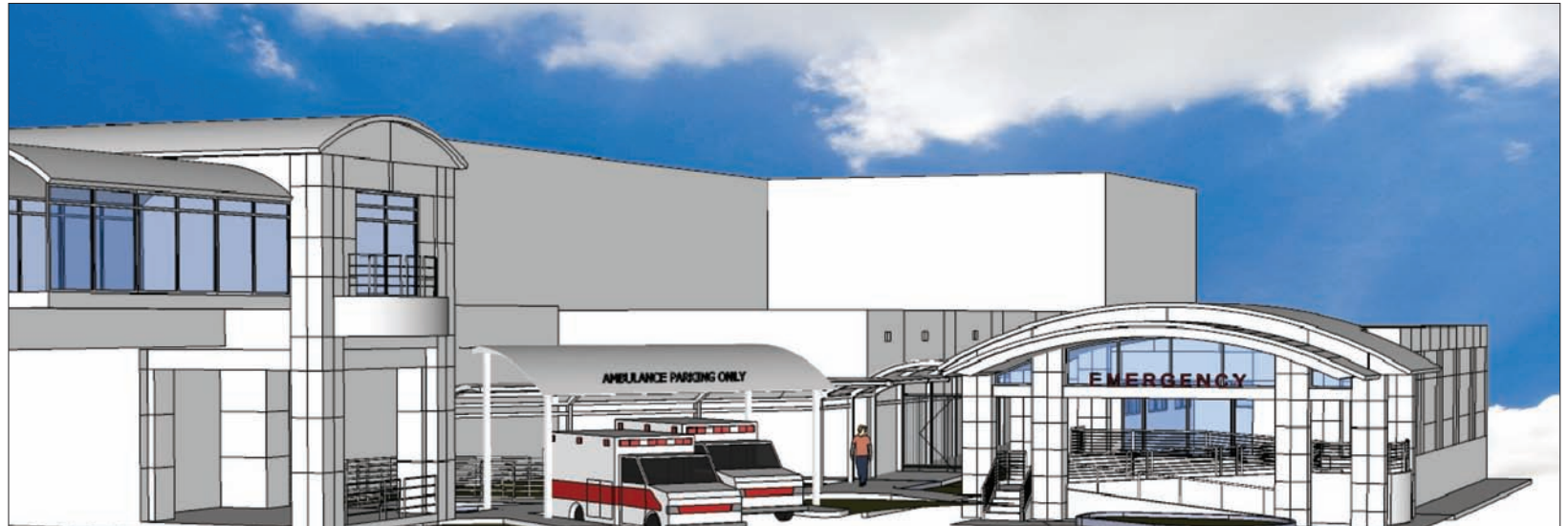


Planning for the Future

WHHS continues to grow to meet the needs of the community



Nancy Farber
Chief Executive Officer



A greatly expanded emergency department (ED) is a critical part of Washington Hospital's master plan for the future. Until the new ED is completed, Washington Hospital is adding three spacious modular units (above) that will help enhance the registration, triage and waiting room areas.

Over the years, I often have been asked why Washington Hospital doesn't have a trauma center for our area. The immediate answer is simple: Today our emergency facilities are already crowded and we would need a larger facility to operate as a trauma center.

However, while that is today's answer, it's not my final answer.

Our goal is to position Washington Hospital so that we can apply to the Alameda County Board of Supervisors for designation as a trauma center. The construction that we plan to do to expand and upgrade our emergency facilities is essential to becoming the designated trauma center we all want for our community.

A Well-Oiled Machine

Currently the closest trauma center is Eden Medical Center. Alameda County has two other trauma centers, both in Oakland: Highland Hospital and Children's Hospital, which has a Pediatric Trauma Center. Eden and Highland are both trauma centers, which means they have 24-hour on-site availability to essential physician specialties, personnel and equipment.

Washington Hospital's emergency room is the second busiest for serving Alameda County

patients, exceeded only by Highland Hospital. We always operate at or above our capacity to support our community; last year, we saw more than 50,000 emergency room visits. We are one of Alameda County's designated Cardiac Receiving Centers and a Primary Stroke Center. We already receive many of the area's sickest patients.

Our emergency room is staffed by a highly trained group of 17 physicians, almost 90 nurses, and other emergency room personnel who work together to provide the highest quality, most efficient care possible.

Expanding Care

An expanded emergency department clearly is a critical need and that's why it is an essential component of our master plan to upgrade and expand our facilities to meet the current and future needs of our community. Now that we have completed construction of our new Central Utility Power Plant (critical for additional emergency backup power), the next step in our facilities master plan is the Emergency Room/Critical Care construction project. The upgraded emergency room will be approximately four times its current size and will be

housed in the new three-story Morris Hyman Critical Care Pavilion. We hope to be able to begin construction in 2013.

When our emergency room of today was built, the population of our District was about 18,000—today we serve more than 320,000 residents. Despite the fact that our emergency room is undersized to serve our community, we are extremely proud of the quality care that our physicians and staff provide day in and day out. Not only does our community deserve a larger facility but so do our physicians and staff. ●

WE VALUE YOUR FEEDBACK!

If you have questions about the topic of this column or about other WHHS services, please contact Community Relations at **510-791-3417**.

Additional information about the hospital and our services also is available on our website: **whhs.com**.



Health Signs is published quarterly as a service to our friends and neighbors by McMurry for Washington Township Health Care District. Material in *Health Signs* is obtained from a wide range of medical scientists and health care authorities. If you have any concerns about specific items that appear in *Health Signs*, please consult your personal physician regarding their effects on your individual health. © McMurry 2012.

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