Less Is More

Minimally invasive surgeries at Baylor are returning women like Dollie Thomas to their normal activities faster  page 4

Early detection of ovarian cancer  page 2
Solutions for your weight loss struggle  page 3
Help your kids create healthy habits  page 6
Could you benefit from a sleep study?  page 7
Baylor researchers take a closer look at the heart  page 8

Visit BaylorHealth.com for informative videos, interactive quizzes, online event registration, and much more.
Listening to the Silence

Identifying the early warning signs of ovarian cancer

While women undergo screening tests for both breast and cervical cancers, there is one disease that can slip below the radar: ovarian cancer. For this disease, there are no comparable early screening tests.

“Ultrasounds are useful in helping to evaluate women with abnormal findings, but they’re not good screening tools,” says Mark Messing, M.D., a gynecological oncologist on the medical staff at Baylor Regional Medical Center at Grapevine. “They have too many false positives, and they don’t lead to improved survival for ovarian cancer.” CA-125, a blood test, is also typically a poor predictor of ovarian cancer, so it’s critical that women bring their concerns to their doctor’s attention.

While ovarian cancer strikes fear as a silent disease, there are some early warning signs women should look for, Dr. Messing says. These include:

- Bloating
- Pelvic or abdominal pain
- Difficulty eating or feeling full quickly
- Changes in urinary or bowel symptoms

These symptoms are common in many women, but if symptoms persist for several weeks you should talk to your doctor.

“You need to consider the possibility of ovarian cancer, but it could also be another health issue that needs to be addressed,” Dr. Messing says. “Women often try over-the-counter medications for too long. They assume everyone gets constipated, or they get bloated but think they’re just gaining weight.”

According to Dr. Messing, early detection brings with it the best odds for survival. If you are diagnosed with ovarian cancer, your doctor will likely recommend surgery to remove all of the visible tumor, and chemotherapy to destroy any cancer cells that have spread beyond the site. Intravenous chemotherapy is common, and a new technique—introducing the chemotherapy drugs directly into the abdominal cavity—shows promise in improving survival rates for ovarian cancer, Dr. Messing says.  

By Stephanie Thurrott

STEP FORWARD AGAINST OVARIAN CANCER

Baylor Grapevine will be hosting the National Ovarian Cancer Coalition’s ninth annual Walk to Break the Silence on Ovarian Cancer on Sept. 26 at the hospital. The 5K Fun Run/Walk has grown from a few hundred participants into thousands in recent years, attracting ovarian cancer survivors and family members and helping raise awareness of the disease in North Texas. More than 2,000 people participated in last year’s event.

Walk This Way

To register or learn more about this fall’s event to raise awareness of ovarian cancer, please visit the National Ovarian Cancer Coalition Web site at nocdfw.org and click “Annual 5K Fun/Run Walk.”

Identifying the early warning signs of ovarian cancer

While women undergo screening tests for both breast and cervical cancers, there is one disease that can slip below the radar: ovarian cancer. For this disease, there are no comparable early screening tests.

“Ultrasounds are useful in helping to evaluate women with abnormal findings, but they’re not good screening tools,” says Mark Messing, M.D., a gynecological oncologist on the medical staff at Baylor Regional Medical Center at Grapevine. “They have too many false positives, and they don’t lead to improved survival for ovarian cancer.” CA-125, a blood test, is also typically a poor predictor of ovarian cancer, so it’s critical that women bring their concerns to their doctor’s attention.

While ovarian cancer strikes fear as a silent disease, there are some early warning signs women should look for, Dr. Messing says. These include:

- Bloating
- Pelvic or abdominal pain
- Difficulty eating or feeling full quickly
- Changes in urinary or bowel symptoms

These symptoms are common in many women, but if symptoms persist for several weeks you should talk to your doctor.

“You need to consider the possibility of ovarian cancer, but it could also be another health issue that needs to be addressed,” Dr. Messing says. “Women often try over-the-counter medications for too long. They assume everyone gets constipated, or they get bloated but think they’re just gaining weight.”

According to Dr. Messing, early detection brings with it the best odds for survival. If you are diagnosed with ovarian cancer, your doctor will likely recommend surgery to remove all of the visible tumor, and chemotherapy to destroy any cancer cells that have spread beyond the site. Intravenous chemotherapy is common, and a new technique—introducing the chemotherapy drugs directly into the abdominal cavity—shows promise in improving survival rates for ovarian cancer, Dr. Messing says.  

By Stephanie Thurrott

STEP FORWARD AGAINST OVARIAN CANCER

Baylor Grapevine will be hosting the National Ovarian Cancer Coalition’s ninth annual Walk to Break the Silence on Ovarian Cancer on Sept. 26 at the hospital. The 5K Fun Run/Walk has grown from a few hundred participants into thousands in recent years, attracting ovarian cancer survivors and family members and helping raise awareness of the disease in North Texas. More than 2,000 people participated in last year’s event.

Walk This Way

To register or learn more about this fall’s event to raise awareness of ovarian cancer, please visit the National Ovarian Cancer Coalition Web site at nocdfw.org and click “Annual 5K Fun/Run Walk.”

Identifying the early warning signs of ovarian cancer

While women undergo screening tests for both breast and cervical cancers, there is one disease that can slip below the radar: ovarian cancer. For this disease, there are no comparable early screening tests.

“Ultrasounds are useful in helping to evaluate women with abnormal findings, but they’re not good screening tools,” says Mark Messing, M.D., a gynecological oncologist on the medical staff at Baylor Regional Medical Center at Grapevine. “They have too many false positives, and they don’t lead to improved survival for ovarian cancer.” CA-125, a blood test, is also typically a poor predictor of ovarian cancer, so it’s critical that women bring their concerns to their doctor’s attention.

While ovarian cancer strikes fear as a silent disease, there are some early warning signs women should look for, Dr. Messing says. These include:

- Bloating
- Pelvic or abdominal pain
- Difficulty eating or feeling full quickly
- Changes in urinary or bowel symptoms

These symptoms are common in many women, but if symptoms persist for several weeks you should talk to your doctor.

“You need to consider the possibility of ovarian cancer, but it could also be another health issue that needs to be addressed,” Dr. Messing says. “Women often try over-the-counter medications for too long. They assume everyone gets constipated, or they get bloated but think they’re just gaining weight.”

According to Dr. Messing, early detection brings with it the best odds for survival. If you are diagnosed with ovarian cancer, your doctor will likely recommend surgery to remove all of the visible tumor, and chemotherapy to destroy any cancer cells that have spread beyond the site. Intravenous chemotherapy is common, and a new technique—introducing the chemotherapy drugs directly into the abdominal cavity—shows promise in improving survival rates for ovarian cancer, Dr. Messing says.  

By Stephanie Thurrott
Less Weight, More Life
Weight loss surgery provides numerous health benefits for those who need it. Imagine having a health condition that means eating in restaurants, visiting amusement parks, traveling by air and even walking—activities most people take for granted—are difficult or impossible. And, your condition brings with it a host of other serious medical conditions, including high blood pressure, diabetes, sleep apnea and acid reflux. That’s what life can be like for people with obesity.

“Obesity is a disease,” says Ann Bowers, R.N., program coordinator at the Weight Loss Surgery Center at Baylor Regional Medical Center at Grapevine. “People start out 20 or 30 pounds overweight and after each diet gain a little more, until they get to the point where it’s 100 pounds, and they cannot keep the weight off.”

One of the misconceptions regarding weight loss surgery is that people have it for cosmetic purposes. In fact, most people have it to improve their health and quality of life. “For every pound you lose, you gain days of life,” says Sina Matin, M.D., medical director of the Weight Loss Surgery Center and a general/bariatric surgeon on the medical staff at Baylor Grapevine.

At the Weight Loss Surgery Center, losing weight is a process, and surgery is just one step in that process. “From the very first visit, we start working with people on behavioral changes that need to occur after surgery so they can start practicing them,” Bowers says.

The center’s team includes nurses, dietitians, psychologists and physical therapists who help patients with their weight loss struggles. Regular follow-up appointments as well as support group meetings give them the education and encouragement they need to succeed. 

By Stephanie Thurrott

Weight Loss Solutions
The Weight Loss Surgery Center at Baylor Grapevine offers effective weight loss solutions through a comprehensive surgical program for qualified patients. The center offers three different procedures: Roux-en-Y gastric bypass, gastric sleeve and adjustable gastric band. We can help you choose the one that’s right for you.

To learn more about weight loss surgery solutions at Baylor Grapevine, register to attend one of the free seminars below.

- Wednesday, Sept. 2 at 7 p.m.
- Saturday, Sept. 19 at 10:30 a.m.
- Wednesday, Oct. 7 at 7 p.m.
- Saturday, Oct. 17 at 10:30 a.m.

We Can Help
To learn more about weight loss surgery solutions at Baylor Grapevine or to register to attend a FREE seminar, please call 817-305-5061 or 1-800-4BAYLOR or visit BaylorHealth.com/grapevineweightloss.
Women’s health returns faster and easier with less invasive breast cancer treatment and gynecological surgery

By Teresa Caldwell Board

When Dollie Thomas went to the doctor in February 2008 for heavy, painful periods, she had a pelvic sonogram, as well as an overdue mammogram. Thomas, a 50-year-old Plano resident, wasn’t surprised to be diagnosed with benign uterine fibroid tumors. But she didn’t expect to find out she also had breast cancer.

Reflecting on the nine months of surgeries and treatments that followed, she says, “Everything went so well.” What made an arduous series of medical treatments more bearable? Thomas benefited from several minimally invasive options.

Targeting Breast Cancer Precisely

Breast cancer diagnosis and treatment include several less invasive options, says Lynn Canavan, M.D., a breast surgeon on the medical staff at Baylor Regional Medical Center at Plano.

First, needle biopsies help physicians diagnose breast cancer without surgery. Guided by mammogram or ultrasound,

 Survivor Story

To hear more from Dollie Thomas (shown at left) on how she’s surviving and thriving after her treatment, watch her video at BaylorHealth.com/mystery.
Because 80% of breast biopsies are benign, many women can skip the operating room altogether.

Because 80% of breast biopsies are benign, many women can skip the operating room altogether.

Faster Recovery from Surgery

Gynecologists also use less invasive approaches when possible. With minimally invasive gynecological surgery, “Women typically have less pain, blood loss and infection, as well as shorter hospital stays and a quicker return to work,” says Murray Fox, M.D., a gynecologist on the Baylor Plano medical staff.

“The most common minimally invasive surgery to treat stress urinary incontinence is placing a sling,” says Muriel Boreham, M.D., a urogynecologist on the medical staff at Baylor University Medical Center at Dallas and Baylor Plano. Using two small incisions over the pubic bone and a 3-centimeter vaginal incision, a sling made of polypropylene mesh is placed underneath the urethra to support it and promote better bladder control.

As a less invasive alternative to open surgery, laparoscopic surgery uses several small incisions to insert special instruments and a scope to see inside the body. Some laparoscopic surgeries are now performed with the help of a robot.

With da Vinci® robotic surgery, the surgeon works at a console with a 3-dimensional, magnified, high-definition screen. “The visualization of the surgical field is improved,” Dr. Fox says. Also, the robotic instruments are more precise than traditional laparoscopic tools. “The robotic arm has more range of motion than a human wrist,” says Barbara Coulter-Smith, D.O., an obstetrician/gynecologist on the medical staff at Baylor Regional Medical Center at Grapevine.

When Maria Lummus, a 44-year-old Euless resident, had a robot-assisted laparoscopic hysterectomy in January 2009, she was back to work within two weeks. “Four days after the surgery, I cannot tell you how good I felt. I wish I would have had it done years ago.”

Lummus’ endometriosis was very invasive, but the precision of robotic surgery made it possible for her to avoid an open surgery. “With the robot, a more difficult case can be done less invasively,” Dr. Coulter-Smith says.

After Thomas had a robot-assisted laparoscopic hysterectomy in November 2008, she says, “by the end of the week, I felt great. I understood what they meant by minimally invasive!”

Because 80% of breast biopsies are benign, many women can skip the operating room altogether.

Physical therapists use a hollow needle to remove multiple tissue samples as thin as a pencil lead. “It’s better for women mentally and physically,” Dr. Canavan says. Because 80 percent of breast biopsies are benign, many women are able to skip the operating room altogether.

Because of the size of her tumor, Thomas needed a mastectomy to remove her left breast. But for many women, lumpectomy is a less-invasive treatment option, in which only the tumor and some surrounding tissue are removed. “If followed by radiation, lumpectomy can be equivalent to mastectomy in effectiveness,” Dr. Canavan says.

Third, partial breast radiation following a lumpectomy uses more concentrated radiation for a shorter time. “The majority of breast cancer recurrences are within 1 centimeter of the lumpectomy cavity,” Dr. Canavan says. Traditional radiation treatments last about six and a half weeks, but partial breast radiation is performed twice a day for only five days.

Finally, sentinel lymph node biopsy spares women the side effects—including swelling and chronic pain in the inner arm—of removing all the lymph nodes under the arm to find out whether breast cancer has spread.

“We find the first one to four lymph nodes that drain the breast and, if they are clear, there is a 95 percent chance there is no cancer in the rest,” Dr. Canavan explains. Thanks to this option, Thomas had only two nodes removed to confirm her cancer hadn’t spread.

Celebrating Women

The 10th annual Celebrating Women luncheon, benefiting breast cancer research, outreach and expanded technology, will be Oct. 22 at the Hilton Anatole Hotel in Dallas.

New York Times best-selling author Kelly Corrigan will be the headline speaker. Her book, The Middle Place, addresses her treatment for breast cancer at the same time her father was diagnosed with late-stage bladder cancer.

For more information about the Celebrating Women luncheon, please call 214-820-4500 or send an e-mail with the subject line Celebrating Women to BaylorEvent@BaylorHealth.edu. You can also find information online at BaylorHealth.com.
Get ’Em While They’re Young
Creating heart-healthy habits to last a lifetime

We teach our kids to “have heart.” We nurse them through broken hearts. But what can we do to actually help their hearts? Plenty.

In fact, you can establish heart-healthy habits now that last long into adulthood. Memorizing these five F’s can help.

**FAT AND FIBER**  “These are the front-lines of defense to reduce risk for heart disease,” says Stephanie Dean, R.D., dietitian at Baylor University Medical Center at Dallas. Fiber-rich foods, such as fruits, vegetables, beans and whole grains, help control cholesterol.

Limiting trans fats and saturated fats early also reduces risk. A recent study in the journal *Hypertension* found lower blood pressure in adolescents who had been on a low-fat diet since infancy.

**FOOD LABELS** Foster nutrition savvy at a young age by making food label reading a habit. “Your child may thank you when they are 58 years old for teaching them healthy habits when they were 5,” Dean says. See mypyramid.gov for games and ideas.

**FITNESS** Emphasize exercise, making it frequent and fun. Not only will exercise control cholesterol, blood pressure and obesity, but when your children leave the nest, they’ll also be armed with a natural antidote to combat the stress that can accompany college life.

**FIRST IMPRESSION** “Recognize the positive force you are for your child,” Dean says. When they are young—and curious—use a preventive, positive focus to explain your lifestyle choices. For example, instead of explaining your exercise as a necessary chore to lose weight, tell your kids you’re exercising to strengthen your heart.

**FAST-ACTING** Once your children have the inside track to heart health, make sure you’re equipped in a heart emergency. Call 1-800-4BAYLOR to find a CPR class near you. ● By Laurie Davies

---

Early Intervention

Some infants need Baylor neonatal intensive care units (NICU) to get a jump-start on a healthy life. Such was the case for Carson Hadnot, born in March 2008 with his “heart barely beating,” says his mom, Aime Hadnot. Carson was Baylor’s first candidate for a technology called total body cooling. A cooling blanket lowers body temperature, protecting brain cells from harmful chemicals created by a lack of oxygen at birth. “The blanket keeps a baby’s brain cooled until those chemicals are gone from the blood,” says Craig Shoemaker, M.D., medical director of neonatology for Baylor University Medical Center at Dallas.

Today, Carson is a happily developing toddler who shows just some signs of motor delay and hearing loss. “He beat so many odds. What’s a little hearing loss?” Hadnot says.

---

Carson’s Story

Read more about Carson’s story and the innovative treatment that helped save his life at BaylorHealth.com/healthcast.

---

A Great Start

For a referral to a pediatrician on the medical staff at Baylor, call 1-800-4BAYLOR or visit BaylorHealth.com/physicianfinder.
The Grim Sleeper

If you’re still tired after sleeping all night, you may need a sleep study

J esse Vasquez, 43, of Cedar Hill, was so fatigued he would fall asleep three minutes into a conversation, and every time he watched TV. “My wife told me, ‘Something’s wrong, Jesse, you’re sleeping all day,’” he says.

A doctor recommended a sleep study, and while watching a video prior to the study that night, Jesse crashed to the floor, asleep. During the study, he was aware of waking up four times, but the study showed he stirred many more times than that. Sleep apnea—interrupted breathing—was waking him repeatedly, which was causing the daytime fatigue.

His doctor prescribed a machine to reduce the nighttime breathing interruptions. Now, he can sleep through the night and stay awake during the day. He’s also lost 20 pounds, cutting out the daytime snacks he used to eat to bolster his energy.

For Karen DeLavan, of Richardson, symptoms were more subtle. Following a surgical procedure, one of the nurses told her she had stopped breathing several times in just a couple of minutes. After a sleep study at Baylor Regional Medical Center at Plano, she was diagnosed with sleep apnea and started using a continuous positive airway pressure (CPAP) machine to help keep her airway open during the night.

“I hadn’t had a full night’s sleep in years, but I was able to blame being tired on a lot of different things—getting old or being stressed or having too much going on. Within a week of getting the CPAP I could see a huge difference—I had more energy and was feeling better,” she says.

Sleep studies are used when sleep apnea, narcolepsy or abnormal sleep behaviors are suspected, says Sunil Mathews, M.D., medical director for the sleep lab at Baylor Medical Center at Irving. They usually are not recommended for insomnia. “The sleep lab’s setting is similar to a hotel room. People can sleep in a position that’s comfortable for them, during normal sleep hours,” says Stephanie Snowden, sleep center supervisor for Baylor Irving.

During the study, technicians monitor the patient’s heart rate, oxygen levels, brain waves, muscle tension and breathing patterns, explains Raul Noriega, manager of the Comprehensive Epilepsy and Sleep Disorders Center at Baylor Regional Medical Center at Grapevine.

Sleep apnea is the most common sleep disorder diagnosis. Most people find relief with a CPAP machine, says David Luterman, M.D., medical director of the Baylor Sleep Center at Baylor University Medical Center in Dallas. For others, oral appliances or surgery may help. ● By Stephanie Thurrott
Baylor is participating in the largest trial ever developed to study options for patients with both diabetes and multivessel heart disease—an endeavor that could affect trials and interventional approaches for years and even decades to come.

Through Baylor Research Institute (BRI), THE HEART HOSPITAL Baylor Plano and Baylor Jack and Jane Hamilton Heart and Vascular Hospital are participating in the FREEDOM trial (Future REvascularization Evaluation in Patients with Diabetes Mellitus: Optimal Management of Multivessel Disease).

FREEDOM is sponsored by the National Institutes of Health (NIH) and is designed to compare two treatments for people with diabetes and multivessel coronary artery disease. This means they have blockages in the arteries that bring blood to the heart, which can lead to a heart attack.

**Looking into the Options**

The first procedure is the most common treatment approach: open-heart surgery with coronary artery bypass graft, which uses healthy vessels from other parts of the body to bypass the blocked vessels and restore blood flow.

The second is angioplasty with the insertion of drug-eluting stents, a minimally invasive procedure that uses a tiny tube to prop open blocked arteries and improve blood flow.

“This trial may answer a very critical question about the best way to manage heart disease in people with diabetes,” says Michael Mack, M.D., medical director of cardiovascular surgery for Baylor Health Care System.

David Brown, M.D., medical director of research, THE HEART HOSPITAL Baylor Plano, adds that both procedures have been used on patients with multivessel heart disease, but no one knows which one is better.

“People with diabetes have various issues, including those related to healing, that can make treatment problematic,” he explains. “These people and their doctors would certainly like to know which solution might be best suited to them.”

Both physicians emphasize that whatever the study results reveal, there won’t be a clear “winner” or
“loser” in terms of a single optimal procedure. “At the end of the trial, it isn’t as if everybody will need to go either to surgery or to stenting,” Dr. Mack explains. “But we’ll have a better definition of the appropriate choice for particular patients.”

**An Entryway to Discovery**

The FREEDOM trial, which officially commenced in 2004, involves 2,400 patients across multiple locations. The study will last five years and will include a minimum of three years of follow-up.

Patients who meet the study criteria are given a thorough explanation of what the study involves before they agree to participate. They are informed that the treatment method used on them will be chosen at random. In other words, patients don’t have a say in whether they will have open-heart surgery—a four-hour operation that requires a weeklong hospital stay—or minimally invasive stenting procedures that will typically allow them go home in a day or two.

But, according to Dr. Mack, large, randomized trials are the only way science can answer the question about whether one therapy is better than another, in general or for a particular set of patients.

“This is the largest database in the world of diabetic subjects with multivessel disease, and it may answer a lot of questions,” he explains. “Especially when you’re inserting a large number of stents—the average in the trial is around four—there’s a greatly increased risk of recurrence of blockages. The researchers are looking for answers about the potential for recurrence, among other things.”

Baylor’s involvement with the FREEDOM trial began with patients at THE HEART HOSPITAL Baylor Plano, and now has been expanded to include patients at Baylor Heart and Vascular Hospital. The infrastructure to administer and support the trials is provided by BRI, which facilitates the process of bringing studies to Baylor.

“Having the FREEDOM trial at both Baylor locations is a great opportunity for collaboration and to bring more volume and outcome data to the trial,” Dr. Brown says. “This puts us in a better position to be national investigators in more major trials.”

It also reinforces the strength of the research program at THE HEART HOSPITAL Baylor Plano, which has focused on pioneering research and therapies since it opened in 2007. The hospital is participating in almost 30 trials that are either active or in development.

“Because of our participation in research trials, we’re able to offer our patients care options that aren’t available otherwise.”

*Michael Mack, M.D., Medical Director of Cardiovascular Surgery for Baylor Health Care System*
Defining Quality

Numerous awards and recognitions speak to Baylor’s quality of care

Quality is a characteristic that’s hard to define. But when it comes to defining the level of quality that exists across the Baylor Health Care System, there’s certainly no shortage of outside organizations that think that Baylor is making the grade. Baylor and its hospitals have been honored for quality clinical expertise, care and leadership.

“One of the reasons Baylor is such a special place is our unwavering commitment to our vision to be trusted as the best place to give and receive safe, quality, compassionate care,” says Joel Allison, president and CEO of Baylor Health Care System.

Among the most notable awards to date is the 2009 U.S. News & World Report Rankings, which listed BAYLOR UNIVERSITY MEDICAL CENTER AT DALLAS among the nation’s top 50 hospitals—for the 17th consecutive year—in two out of 16 specialty areas. In addition, BAYLOR INSTITUTE FOR REHABILITATION ranked 13th among the nation’s top rehabilitation facilities.

Baylor also received the National Quality Healthcare Award from the National Quality Forum in 2008. In February 2009, BAYLOR DALLAS earned reaccreditation of its Magnet status for “Excellence in Nursing Service.” In addition, Baylor earned the 2008 VHA Leadership Award for Clinical Excellence at several of its locations.

THE BAYLOR JACK AND JANE HAMILTON HEART AND VASCULAR HOSPITAL, BAYLOR MEDICAL CENTER AT GARLAND, BAYLOR MEDICAL CENTER AT WAXAHACHIE and BAYLOR SPECIALTY HOSPITAL were all recognized for superior patient safety and clinical expertise.

Other Baylor hospitals earning recognition and awards include:

- **BAYLOR REGIONAL MEDICAL CENTER AT GRAPEVINE** Texas Award for Performance Excellence, in recognition of best practices, including process improvement and customer-focused care
- **BAYLOR ALL SAINTS MEDICAL CENTER AT FORT WORTH** American Diabetes Association recognition for its Diabetes Education Center. This honor also was received by six other Baylor entities.

- **BAYLOR MEDICAL CENTER AT IRVING** Named a Breast Imaging Center of Excellence by the American College of Radiology
- **BAYLOR REGIONAL MEDICAL CENTER AT PLANO** American Society for Metabolic and Bariatric Surgery recognized Baylor Plano as a Bariatric Surgery Center of Excellence

This is just a small sampling of the local and national honors bestowed on Baylor. These recognitions are a source of pride for the people of Baylor—and motivate them to maintain their pursuit of excellence every day.

“I am so proud of the entire Baylor health care team,” says Allison. “We work continuously to come up with clinical processes, practices and technologies to enhance the health care we provide, while never forgetting that the patient is at the center of all we do.”

By Amy Lynn Smith
Create a CaringBridge™

During your stay at Baylor, our focus is helping you heal. But we know that family and friends can play an essential role in your recovery, too. That’s why we’re offering a free service to help you stay connected during a health crisis, treatment and recovery. You can set up your own unique, personal CaringBridge™ website that allows you to share important information and lets your friends and family provide messages of support and encouragement. Set up is easy at CaringBridge.org.

NO FLU FOR YOU

The flu typically comes to town in winter, but now is the time to start thinking about getting a flu shot. Your body needs time to develop the immunity a flu shot provides. Just about everyone can benefit from a flu shot. But people in the following groups are at high risk for complications from the flu and should get a flu shot between now and mid-November:

- Children ages 6 months to 2 years
- Adults ages 65 years and older.
- Anyone ages 2 to 64 with underlying chronic medical conditions.
- All women who will be pregnant during the influenza season.
- Residents of nursing homes and long-term care facilities.
- Children ages 6 months to 18 years on chronic aspirin therapy.
- Health care workers involved in direct patient care.
- Out-of-home caregivers and household contacts of children age less than 6 months.

Baylor Among ‘America’s Best’

Baylor Institute for Rehabilitation (BIR) and Baylor University Medical Center at Dallas are two of 174 U.S. hospitals to be ranked in the U.S. News & World Report 20th annual “America’s Best Hospitals” issue. Baylor Dallas is the only North Texas hospital to earn this distinction for 17 years in a row.

BIR ranked 13th among the nation’s top 25 rehabilitation facilities, marking 13 years for BIR’s recognition in the “America’s Best Hospitals” issue.

“National recognition just reaffirms my belief of Baylor’s quality,” says Joel Allison, president and chief executive officer, Baylor Health Care System. “I could not be more proud of the safe, quality, compassionate health care provided to each and every one of our patients.”

Find Dr. Right. Visit BaylorHealth.com • September 2009 BaylorHealth
The weight is over.

Weight loss surgery is available nearby at Baylor Regional Medical Center at Grapevine. Attend our free seminar.

Take off your excess weight and avoid becoming one of the 500,000 people who die prematurely each year due to obesity. Now you can get expert help close by through the Weight Loss Surgery Center at Baylor Grapevine. Our programs offer you a variety of advanced surgical treatments in a multidisciplinary environment that includes physicians, nurses, dietitians, psychologists and program and insurance coordinators dedicated to provide you with quality care. Learn more and don’t let obesity weigh on you any longer.

For more information, call 1.800.4BAYLOR.

Join us for a free Weight Loss Surgery Seminar

Saturday, September 19 at 10:30 a.m.
Wednesday, October 7 at 7:00 p.m.
Saturday, October 17 at 10:30 a.m.