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Family Practice
Baylor Medical Center at Garland prepares young physicians to care for the community

Family medicine physicians treat patients from the beginning of life to the very end, making them extremely well-rounded health care providers. Every year, the Baylor Family Medicine Residency at Garland graduates six new physicians trained in this specialty. At all times, 18 physicians are enrolled in this graduate medical education program.

“Family medicine training programs produce physicians with an incredible breadth of experience and competence,” says Leslie E. Tingle, M.D., a family medicine physician and program director of the Baylor Family Medicine Residency at Garland.

According to Dana Warren, residency coordinator, the program began in 1995 and has graduated 66 board-eligible family medicine physicians to date. Family medicine is a three-year residency, and the program at Baylor Garland trains six first-year, six second-year and six third-year residents at any given time.

Residents gain practical experience working with inpatients and outpatients. They perform rotations in areas such as adult medicine, emergency medicine, OB/GYN, pediatrics, behavioral medicine and orthopaedics.

In addition, they follow a panel of patients in the Baylor Family Medicine Clinic at Garland, working with patients under the supervision of faculty family physicians.

“Patients are seen by a resident physician and always get the input of a faculty physician,” Dr. Tingle explains. “It’s an additional layer of medical expertise and opinion that’s applied to every case.”

Shubha Bhat, M.D., one of the program’s two current chief residents, who is in the third year of the program, values the learning opportunity the residency provides.

“I’ve seen a huge change in myself compared to when I started,” she says. “With the faculty’s guidance, I’ve gained a lot of experience and confidence.”

Like many of the residents who complete the program at Baylor Garland, Dr. Bhat plans to go into private practice.

“When residents graduate from our program, the overwhelming majority remain in Texas,” Dr. Tingle says. “There is clear evidence that the higher the ratio of family medicine physicians to specialists in a population, the better the overall health outcomes are and the lower the costs.”

By Amy Lynn Smith
The Wound and Hyperbaric Medicine Center at Baylor Garland is a multidisciplinary clinic that takes a comprehensive approach to wound care, with an emphasis on treating people with diabetes. “We have specialists in infectious disease, vascular and general surgery, podiatry, internal medicine and family practice care—a panel of doctors who can treat every aspect of a diabetic foot ulcer,” explains Carol Brewer, R.N., BSN, CHRN, nurse manager at the center. “And a nurse sees each patient through the entire process.”

These experts examine each patient’s health and diabetes management, and offer both conventional wound-healing treatments and hyperbaric therapy. “In hyperbaric therapy, the patient may sit or lie in a hyperbaric chamber where they breathe 100 percent oxygen,” says Matthew A. Schweyer, CHT, program manager at the center. “This helps promote healing by driving more oxygen into tissues promoting new growth.”

Diabetes can affect every part of your body, from head to toe. People who manage their diabetes properly can live well, without significant complications. But if you don’t take care of your health, diabetes can lead to problems including damage to the eyes, kidneys, blood vessels and nerves. People with uncontrolled diabetes are also more likely to develop infections, foot ulcers and slow-healing wounds, says Qing Jia, M.D., FACE, an endocrinologist on the medical staff at Baylor Medical Center at Garland.

“A lot of people with type 2 diabetes don’t even know they have diabetes while the damage starts to develop,” Dr. Jia explains, referring to the most common form of the condition. Everyone should have a simple blood test to screen for diabetes every year or as recommended by their doctor. Often, before diabetes develops, people are diagnosed with prediabetes, which is essentially an early warning.

A major study demonstrated that people with prediabetes can prevent or delay the risk of developing type 2 diabetes by 58 percent, by losing a modest amount of weight through diet and exercise.

“If you have prediabetes, take steps to modify your lifestyle—and if you have diabetes, you need to do the same thing to manage your condition and avoid complications,” Dr. Jia says. “Routine exercise and a balanced diet are always a key to healthy living.”

By Amy Lynn Smith
It’s an uncomfortable feeling to be out of control. Women with urinary incontinence experience that sensation physically. But they can control what they do about their problem.

“Women today want to live well in their bodies and maintain their quality of life into their retirement years,” says Shayzreen Roshanravan, M.D., a urogynecologist on the medical staff at Baylor Regional Medical Center at Plano. “More women are realizing urinary incontinence is not normal and they don’t have to live with it.”

**Pinpoint the Problem**

Stress incontinence, which is common in women after pregnancy, is leaking that happens with activities such as sneezing, coughing, lifting or exercising.

Urge incontinence is a sudden, strong urge to urinate, followed by bladder contraction and leakage. “The treatments can sometimes be completely different,” says S. Alexis Gordon, M.D., a urologist and urologic surgeon on the medical staff at Baylor Regional Medical Center at Grapevine. “For example, a medication is usually not helpful for stress incontinence. Therefore, it’s important to correctly identify the type of incontinence a woman has.”

**Relief Without Surgery**

Not all women with incontinence need surgery. Kegel exercises complement any treatment plan by strengthening the pelvic floor muscles that support the bladder and urethra.

“Medication is the first line of treatment for urge incontinence,” says Aldo Ghobriel, M.D., a urologist on the medical staff at Baylor Medical Center at Garland.

For stress incontinence, collagen injections may be used to thicken the area around the urethra, helping to control leakage. “In some cases, we can even use radio-frequency energy to repair the urethra or electromagnetic energy to strengthen the pelvic muscles without surgery,” says Peter Sakovich, M.D., an obstetrician and gynecologist on the medical staff at Baylor Medical Center at Irving.

**Small Surgery, Big Results**

If surgery is necessary, minimally invasive options can bring a major improvement to women’s quality of life.

For women with stress incontinence, the sling procedure is the most common surgical treatment. Working through several small incisions, the surgeon attaches a small piece of mesh underneath the urethra. “When a patient coughs or sneezes, the sling provides a foundation for the urethra to lie on,” Dr. Roshanravan explains.

Surgery is less commonly used to treat urge incontinence. “An InterStim® unit, which is like a bladder pacemaker, can be surgically implanted if patients don’t respond to medication,” Dr. Ghobriel says. The InterStim sends small electrical pulses to the sacral nerve, which can relieve the frequency of bladder contractions.

If you’re experiencing urinary incontinence, the right treatment option can get you out of the ladies’ room and back in control. **By Teresa Caldwell Board**
There are two widely accepted techniques for performing coronary bypass surgery—and a third, much newer, method that’s only available at a few specialized centers such as THE HEART HOSPITAL Baylor Plano.

Even though each technique is a good one, it isn’t always easy to tell which would be the best choice for an individual patient. Researchers at Baylor hope to change all that, with a study known as the IMPROVE trial.

The researchers are examining the results of patients who undergo one of these three types of surgery. The first, and most common, involves stopping the heart and putting the patient on a heart-lung bypass machine. The second, known as off-pump surgery, is performed while the heart is still beating. And then there’s the third, a new technology called the MECC system, which can be described as a “more patient-friendly version of the heart-lung machine,” says Michael Mack, M.D., medical director of cardiovascular surgery for Baylor Health Care System and chairman of THE HEART HOSPITAL Baylor Plano Research Center.

“Certain people have an intense inflammatory response to the heart-lung machine,” says Bill Brinkman, M.D., a cardiovascular surgeon on the medical staff at THE HEART HOSPITAL Baylor Plano. “If we could figure out which people were likely to have this response, which can slow recovery, we could tailor the choice of procedure to the genetics of each patient.”

The degree of inflammation experienced by each patient is being measured through blood samples that are being evaluated by the Baylor Institute for Immunology Research (BIIR). This is the first time BIIR and THE HEART HOSPITAL Baylor Plano are collaborating on research.

“Because of our own pioneering studies, we have some very high-tech tools to measure the immune status of patients and quantify the changes that take place in the blood of patients participating in this study,” explains Damien Chaussabel, Ph.D., associate investigator and director of the BIIR Center for Personalized Medicine.

Patients who are scheduled for bypass surgery will be invited to participate in the study, which will only require the donation of a blood sample.

“Bypass surgery isn’t a one-size-fits-all procedure,” says Dr. Mack. “So we’re hoping to learn if certain ways of doing this procedure will fit some patients better than others.”

By Amy Lynn Smith
Deanne Weill has jumped back into life after doctors removed a brain tumor.

Deanne Weill, 47, of Southlake, found her busy life screeching to a halt three years ago. This mother of two says, “I was exhausted all the time. I love to work out, but after spin class I’d have to rest all day to have enough energy to keep up with the kids. And I was having really bad sinus headaches.” Her problem? A brain tumor the size of an orange behind her forehead.

Doctors who diagnosed her tumor recognized that it could be life threatening, so Weill’s husband, battling a rare Texas snowstorm, drove her immediately to Baylor Regional Medical Center at Grapevine. An ambulance met her there and transferred her to Baylor University Medical Center in Dallas, where neurosurgeons on the medical staff removed the tumor. “The tumor was slow growing, but it had reached a critical mass,” explains Shaad Bidiwala, M.D., a neurosurgeon on the medical staff at Baylor Dallas. “It began in the coverings of the brain, just behind the forehead and had grown to compress parts of the brain critical to Deanne’s day-to-day functioning.”

After a two-week hospital stay, Weill was able to head home with her family, and once her strength returned, she got right back to what she calls her crazy life.

Hear Her Story
For more about Deanne’s diagnosis and treatment, watch her video at BaylorHealth.com/HealthCast.

Photo by Tadd Myers; hair and makeup by Dane Nelson
Brain Boosters
For simple tips to help improve your memory, visit BaylorHealth.com/HealthCast and listen to our podcast.

While techniques and technologies to treat brain problems may seem futuristic, they’re part of the here and now for Baylor Health Care System. Here, doctors on the Baylor medical staff share some advances:

**INTEROPERATIVE MRI**
This technology allows surgeons to synchronize presurgery MRIs with those taken during surgery to help pinpoint a tumor’s exact location. “This allows the incision to be as small as possible and in exactly the right place,” Dr. Bidiwala says. By using an MRI during surgery, the neurosurgeon can determine whether a tumor was fully removed or whether spots remain behind that aren’t visible. “Removing tumors completely helps people live longer,” says Christopher Michael, M.D., a neurosurgeon on the medical staff and medical director of the interoperative MRI at Baylor Dallas.

**AWAKE MAPPING TECHNIQUES**
With tumors in particularly sensitive parts of the brain, such as areas controlling language and motor skills, doctors can perform the operation while the patient is awake, checking for response to know whether it’s safe to cut into a certain part of the brain. With this type of surgery, Dr. Bidiwala says, “we map out the exposed surface to the brain before deciding where it would be best to make an incision.”

**DEEP BRAIN STIMULATION**
People with Parkinson’s disease or essential tremor can find their symptoms reversed with the electrical stimulation of electrodes placed within the deep nuclei of the brain.

**SKULL BASE SURGERY**
Surgeons on the Baylor medical staff can remove tumors and lesions by entering the skull through orifices such as the nose or mouth. These new minimally invasive surgical techniques make it less risky to operate in the sensitive part of the skull that supports the brain.

**RADIOSURGERY**
Tools such as the Gamma Knife® and CyberKnife® use focused radiation to eliminate brain tumors and vascular lesions with surgical precision, explains Thomas S. Ellis, M.D., a neurosurgeon on the medical staff at Baylor All Saints Medical Center at Fort Worth. With these technologies, doctors can treat some patients with difficult-to-reach tumors who run a high risk of complications from traditional surgical techniques.

**SUPPORT FOR THE SPINE**
For Marilyn Couch, 62, of Frisco, debilitating back pain struck suddenly over one weekend. She tried medication at first, but nothing was strong enough to combat the pain in her back and leg. “It hurt to wear shoes and to walk on my left foot because it felt like I was walking on a rock in my arch,” she says. Her surgeons scheduled an operation at Baylor Regional Medical Center at Plano to remove a cyst that was pinching her nerves, but they realized Couch would probably also need spinal fusion—her spine was shifting slightly from side to side, and without fusion the results of her surgery would last only three to six months. Apprehensive at first, Couch finally agreed to the fusion and both procedures were done at the same time.

“Things now are wonderful,” she says. “Ever since the surgery, I’ve been back at work, back at the gym and my back doesn’t hurt. I’m back to my old self.” Longevity runs in her family, she says, so she expects her revamped back to be there for her for 30 years.

Advances in spine surgery bring faster recoveries with fewer risks for patients like Couch. With minimally invasive spine surgery, surgeons can place screws and rods in the spine via incisions as small as 1 inch, so people often feel better sooner and go home from the hospital more quickly.

By stimulating the big toe and reading the response with an electrode on the scalp via electrophysiologic monitoring, doctors can monitor spinal cord function throughout surgery.
Most people are taught from an early age not to discuss their bathroom habits. But if more people talked about colon cancer, fewer people might die from the disease.

Just ask Rick Gulledge, a resident of Aubrey, whose brother was diagnosed with colon cancer in 2007. Just one month later, when Gulledge began experiencing heavy rectal bleeding—a sign of colon cancer—he knew he needed medical attention.

Gulledge was diagnosed with colon cancer at the age of 47 and had part of his colon and some of his lymph nodes removed. His treatment at Baylor Regional Medical Center at Plano also included six months of chemotherapy.

So far, Gulledge remains cancer-free. Sadly, his brother wasn’t so lucky, and died just one year after his diagnosis.

“They did everything they could, but they just found my brother’s cancer too late,” Gulledge says. “People need to get screened because it’s the only way they can find it.”

**Early Detection**

According to the National Cancer Institute, colorectal cancer—which includes cancers of the colon and rectum—is the second leading cause of cancer deaths in the United States.

However, it’s also one of the most preventable forms of cancer, especially if it’s diagnosed early when it can be treated effectively.

“The most important preventive measure is to have a screening as recommended by your doctor,” says Eduardo Castillo, M.D., a colon and rectal surgeon on the medical staff at Baylor All Saints Medical Center at Fort Worth. “A colonoscopy is the best, because it’s both diagnostic and therapeutic.”

Colon cancer usually starts with benign polyps that can become cancerous if they’re not removed. While performing a screening colonoscopy, the doctor can often remove polyps. Most people only need a colonoscopy every 10 years unless they have a history of polyps or colon cancer.

Doctors recognize that no one likes getting a colonoscopy, mostly because of the rather unpleasant preparation required the day before.

“We do everything possible to make the entire experience as tolerable as we can, because we want people to come back when it’s time for their next colonoscopy,” says Dale D. Burleson, M.D., a colon and rectal surgeon on the Baylor Plano medical staff.

After being diagnosed with colon cancer at age 47, Rick Gulledge was treated at Baylor and today he’s cancer-free.
Do the Right Things

Most people should begin having a screening colonoscopy as their “50th birthday present,” says Gavin Melmed, M.D., a medical oncologist on the medical staff at Baylor Medical Center at Garland. But if you have a family history of colon cancer, polyps, other gastrointestinal cancers, or gynecological cancers, particularly in young first-degree relatives, ask your doctor if you need to start sooner.

There are other steps you can take to help prevent colon cancer. There’s evidence that a diet high in fiber and leafy green vegetables, and low in animal fat, may reduce your risk.

“Diet, regular exercise and not being overweight are important preventive measures,” Dr. Melmed says, “not just for colon cancer but for other cancers and diseases as well.”

BAYLOR PAVES THE WAY FOR A NEW SCREENING STRATEGY

Far too many people put off getting a colonoscopy or don’t get one at all. So a multinational team of researchers at the Baylor Research Institute (BRI) began looking for other ways to test for colon cancer.

The team developed a simple test of stool samples that detects DNA changes, known as methylation, which can indicate the presence of cancer. This test could lead to the introduction of a screening method that would only require patients to collect a stool sample at home.

“Our research took us further ahead than we’ve been before in terms of developing a noninvasive diagnostic test for colorectal cancer,” says Ajay Goel, Ph.D., principal investigator and senior scientist with BRI. He acknowledges the pioneering work of Takeshi Nagasaka, M.D., Ph.D., who was part of the research team.

If DNA methylation stool testing is optimized and becomes commercially available, one of the major advantages would be the ability to determine whether someone needs a colonoscopy, says C. Richard Boland, M.D., chief of gastroenterology and a physician on the medical staff at Baylor University Medical Center at Dallas.

“We’d be able to identify the people who have polyps we need to remove,” he explains, “and tell everyone else they can wait another year because we can tell they don’t have cancer.”

Visit FindDrRight.com

● March 2010 BaylorHealth
If you’re tired of gritting your teeth through painful uterine fibroid symptoms, a range of treatment options can bring relief.

Sometimes what you don’t know doesn’t hurt you. Uterine fibroids are benign smooth muscle tumors in or on the uterus, and as many as one in five women may develop them during her childbearing years. But only about a quarter of those women experience symptoms.

“You may never even know you have them, and that’s OK,” says Carrie P. Morris, M.D., an obstetrician and gynecologist on the medical staff at Baylor Regional Medical Center at Grapevine.

When uterine fibroids do cause trouble, these symptoms are common:
- Heavy menstrual bleeding
- Bleeding between periods
- Pelvic cramping or pain with periods
- Abdominal pressure

“When fibroids press on surrounding organs, they also can cause more frequent urination or constipation,” says Fred Creutzmann, M.D., an obstetrician and gynecologist on the medical staff at Baylor Medical Center at Carrollton.

Find the Right Relief
Some women focus on symptom relief in managing their fibroids. “Birth control pills can control heavy bleeding and pain,” Dr. Morris says.

Anemia caused by heavy bleeding can be treated with iron supplements, and over-the-counter anti-inflammatory medication can relieve pain and cramping.

As a more long-term way to address fibroid symptoms, women may have fibroids removed. “Treatment depends on the size and location of the fibroids, as well as the woman’s desires,” Dr. Creutzmann says.

Hysterectomy, the surgical removal of the uterus, will eliminate fibroids, but more conservative surgery also may be an option. A hysteroscopy is an outpatient procedure in which a small camera and surgical instruments are inserted through a dilated cervix to view and remove fibroids inside the uterus. Myomectomy is the surgical removal of fibroids, and is typically recommended for women who still want to have children.

For women who are done having children, uterine fibroid embolization is a minimally invasive, nonsurgical option, says Jay Patel, M.D., an interventional radiologist on the medical staff at Baylor Medical Center at Irving.

“Small particles are injected through a catheter into the artery that goes to the uterus, cutting off the blood supply to the fibroids,” Dr. Patel explains. The fibroids shrink over time, reducing or eliminating symptoms.

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For Women Only
Find out more about minimally invasive treatments for women at BaylorHealth.com/HealthCast.
For a referral to a gynecologist on the medical staff at Baylor, call 1-800-4BAYLOR or visit FindDrRight.com.

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HEALTH BRIEFS

Get Smart About MS
March is National Multiple Sclerosis Education and Awareness Month, making it a good time to learn more about this condition.

According to the National Multiple Sclerosis Society, multiple sclerosis (MS) is a chronic disease that attacks the central nervous system. MS, which affects 400,000 Americans, can be disabling. Scientists are still learning about this disease, but they do know it’s more common in women, Caucasians and people of northern European ancestry. It’s not directly inherited, but there is a genetic component.

Symptoms of MS can vary, but among the most common are fatigue, numbness, problems with walking, balance and coordination, bowel and bladder dysfunction, dizziness and vision problems.

There is no cure for MS, although treatments can help manage the symptoms—and research is ongoing. To learn more, visit nationalmssociety.org.

SPRING TRAINING
The arrival of spring brings more opportunities for outdoor sports and activities—and more potential for injuries. Avoid getting hurt by exercising some good common sense about getting back into working out in the great outdoors.

First, make sure your equipment is still in good shape. If you exercise a lot, chances are it’s time for a new pair of shoes. Also make sure you have the right shoes for your sport. For example, running shoes are no good for playing soccer.

Then check your body’s equipment. If you haven’t played a sport for a while, ease in. Don’t short-change warming up and stretching, and if you’re using muscles you haven’t flexed in a while, perform some targeted exercises before getting into the game. If you’re taking up tennis after a winter of treadmill-walking, do some upper-body strengthening. You might even consider taking a lesson or two to make sure you’re using proper form, which can help prevent injuries.

Start Your Day Off Right
You’ve heard it before: Breakfast is the most important meal of the day—and it’s true. According to the American Dietetic Association, research shows that breakfast-eaters are more productive, have a greater capacity for concentration and problem-solving, and have better strength and endurance than people who skip breakfast.

Breakfast doesn’t have to be complicated. Try instant oatmeal with dried fruit, a whole-wheat pita stuffed with sliced hard-boiled eggs, or toasted waffles topped with peanut butter.

For a healthy fruit smoothie recipe plus delicious and nutritious ways to pair fruit and chocolate, visit BaylorHealth.com/HealthCast.
Community Calendar
March & April 2010

SUPPORT GROUPS

Stroke Support Group
First Tuesday of the month, 6 to 8 p.m.
Baylor Garland, Baylor Medical Plaza I, Suite 201
Call Linda Offutt at 972-487-5315.

Breast Cancer Survivor Group
First Tuesday of the month, 7 to 8 p.m.
First United Methodist Church, 801 W. Ave. B, Garland
Call 972-272-3471.

ORTHOPAEDIC PRE-OP EDUCATION
Those planning to undergo total knee replacement surgery are encouraged to sign up for the free pre-op education class offered by Baylor Garland Outpatient Physical Medicine. This is a one-time class, and patients are welcome to bring a family member or friend. A doctor’s referral is required. For more information or to sign up, please call 972-487-5570.

SATURDAY MAMMOGRAPHY APPOINTMENTS
Can’t find time during your busy week for a lifesaving screening? We’ve made time for you! Baylor Breast Center, at Baylor Garland, is offering Saturday mammography appointments. Appointments are available beginning at 7:30 a.m. Call 972-487-5293 to schedule your mammogram today. It could save your life!

For information about these classes or screenings and other events, visit BaylorHealth.com/GarlandEvents.

Find Dr. Right
1.800.4BAYLOR

For all the reasons you don’t sleep, there’s the Sleep Center at Baylor Medical Center at Garland.

The Sleep Center at Baylor Medical Center at Garland offers comprehensive care including studies, diagnosis and treatment for sleep disorders, including sleep apnea, restless legs syndrome, insomnia and narcolepsy as well as other conditions. Discuss the possibility of a sleep disorder with your physician. If a condition is indicated, your physician can refer you to the Sleep Center at Baylor Garland for evaluation and treatment. Most insurance plans are accepted.


For a physician referral or for more information on the Sleep Center, call 1.800.4BAYLOR or visit us online at BaylorHealth.com/GarlandSleep.