

# Living HEALTHY



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## Notice Breast Changes? They May Be Normal

NOT ALL BREAST LUMPS INDICATE cancer. There are a number of benign (non-cancerous) breast conditions a woman can and probably will experience during her lifetime. These include changes that occur during the menstrual cycle and other changes that are not related to a woman's menstrual cycle.

### FIBROCYSTIC BREAST DISEASE—NOT AS SCARY AS IT SOUNDS

Fibrocystic breast disease affects about 60 percent of all women. This term is often used to describe generalized breast lumpiness, and it is not, in fact, a disease. Physicians and researchers now believe breast lumpiness is among the normal breast

changes many women undergo throughout the various stages of their lives.

The condition is common in women between the ages of 30 and 50. It is less common in women who take birth control pills. Although the exact cause is not known, fibrocystic breast disease is believed to be associated with hormones produced by the ovaries, because it rarely occurs after menopause.

### RECOGNIZING FIBROCYSTIC BREAST DISEASE

Fibrocystic lumpiness is sometimes described as "ropy" or "granular" and seems to become more obvious as a woman approaches middle age and the milk-

producing glandular tissue gives way to softer, fatty tissue.

Signs of fibrocystic breast disease include:

- Dull, heavy pain and tenderness
- Dense, irregular and bumpy consistency in the breast tissue
- Changes that are usually in both breasts and are more noticeable in the outer upper part of the breast
- Changes that may peak before each menstrual period and improve immediately afterward

### CANCER SCREENING STILL IMPORTANT

Women with fibrocystic breast disease do not have an increased risk for cancer. However, lumpiness in the breasts may make cancerous lumps harder to distinguish.

Knowing the normal shape and feel of your own breasts is important. If you notice changes, talk with your doctor about whether you should be tested for cancer or other problems. Women with fibrocystic breast disease often have dense breast tissue that makes mammograms difficult to interpret. Your doctor may recommend a breast ultrasound or biopsy to rule out other problems.

Routine care is the best way to keep you and your breasts healthy. ■

### the doctor

**Richard L. Jones, M.D.**  
*Breast Radiology*

If you need a specialist, please call (888) 444-USMD for a free physician referral.





## Bid Bye-Bye to Bladder Blues

NOT LONG AGO, WE DISCUSSED bladder problems in hushed tones—if at all. But today, we talk about them more openly. That's good news because treatment can usually help.

Bladder problems can result from damage to the bladder itself, the nerves that control it, or other parts of the urinary tract. Stroke, diabetes, injury, and even childbirth can harm the nerves. Symptoms include loss of control over urination, the need to urinate frequently at night, not urinating often enough, and repeated bladder infections.

### WHAT CAN GO WRONG

Here's a rundown of four common bladder problems:

- **Loss of muscle control.** The urethra—the tube that carries urine out of the body from the bladder—is surrounded by a muscle called the urinary sphincter. Normally, these muscles squeeze tight when you're not urinating. This closes the urethra and holds urine in the bladder. But the sphincters may become loose and let urine escape. Or they may stay
- **Overactive bladder.** Damaged nerves may send faulty signals to the bladder. Some people feel as if they have to urinate too often—eight or more times a day, or twice or more a night. Others feel a sudden, urgent need to urinate at once.
- **Urine retention.** Some people don't feel the urge to urinate, even when they should. Damaged nerves might not signal the bladder when it's time to urinate. Or the bladder muscles may become too weak to empty the bladder completely. If urine stays in the bladder too long, an infection can develop. An overfull bladder may press against the kidneys or overflow, causing urine leaks.
- **Urinary tract infections (UTIs).** Bacteria in the urinary tract can cause infections. Some people with diabetes, for instance, have repeated or long-lasting UTIs. They may need to urinate more often than usual, feel pain or burning during urination, have reddish, cloudy, or smelly urine, or experience pressure in the lower abdomen.

### WHAT YOU CAN DO

Tell your doctor about your symptoms. In addition to medications and other treatments, your doctor might recommend self-care strategies:

- **Timed voiding**—Going to the bathroom on a schedule may help if you feel the urge to urinate too often or not often enough.
- **Kegel exercises**—Strengthening the muscles that control the bladder may help reduce urine leaks.
- **UTI prevention**—Drinking plenty of fluids can help ward off future UTIs. So does urinating before and after sex. ■

### the doctor

**Tracy Cannon-Smith, M.D.**  
Urology

If you need a specialist, please call (888) 444-USMD for a free physician referral.



# Bariatric Surgery for Weight Loss: Is It for You?

BARIATRIC, OR WEIGHT-LOSS, SURGERY is becoming increasingly common. If you've been fighting a severe weight problem for years—and losing the battle—it's good to know that another option is available.

## HOW IT WORKS

Weight-loss surgery limits how much food the stomach can hold, how well the food is absorbed, or both. For those who are severely obese, it can be an effective way to take off a lot of weight. But it's not right for everyone. Surgery is reserved for individuals who:

- Previously tried losing weight through diet and exercise, but weren't successful
- Have a body mass index (BMI) greater than 40, which typically means being at least 100 pounds overweight
- Have a BMI greater than 35 and have an obesity-related medical condition such as high blood pressure, type 2 diabetes, or sleep apnea

## WHAT ARE THE BENEFITS?

The American Heart Association issued a statement on weight-loss surgery in *Circulation*. It highlighted several key benefits of weight-loss surgery:

- **Type 2 diabetes.** Diabetes often improves or even goes away completely.
- **Blood fats.** Triglyceride levels may fall, and HDL (“good”) cholesterol levels may rise. People taking cholesterol-lowering drugs are often able to decrease or stop their medicines.
- **Blood pressure.** It may decrease after the type of surgery that limits both food intake and food absorption.
- **Sleep apnea.** This may improve.
- **Longevity.** Evidence is mounting that severely obese people who have weight-loss surgery may live longer than those who don't. This may be due to fewer deaths from heart attacks, diabetes, and cancer.

Once you lose weight, a lifelong commitment to a healthy diet and regular exercise is crucial for keeping the pounds off. Weight-loss surgery isn't a quick fix, but it can be an effective one. To learn more about whether it might be right for you or if it's covered in your benefits, talk with your doctor. ■

## the doctor

**David Dyslin, M.D.**  
Bariatric and  
General Surgery

If you need a specialist, please call **(888) 444-USMD** for a free physician referral.



## Understanding Your Options at USMD

There are three types of weight-loss surgery offered at USMD:

- **Gastric band.** An adjustable band is placed around the top of the stomach, creating a small pouch there. This limits how much food the stomach can hold at one time.
- **Gastric bypass.** The stomach is stapled to create a small pouch at the top. In addition, a new passage is created for carrying food from this pouch to the middle of the small intestine. Because the upper small intestine is bypassed, fewer calories and nutrients are absorbed.
- **Sleeve gastrectomy.** Most of the stomach is permanently removed. However, the passage to the small intestine isn't changed.

## Living HEALTHY

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## upcoming seminars

### Women's Health Series

For the problems chocolate can't solve.

#### Saturday, November 3

» 8:30 a.m.

Registration opens. Continental breakfast available.

» 8:45 a.m.

#### **BE YOUR BREASTS' BEST FRIEND.**

Get informed about breast cancer. Presented by Dr. Kory Jones, Dr. Richard Jones, and Dr. James Ward.

» 10 a.m.

#### **DOWN-THERE LEAK REPAIR.**

Don't let your bladder rule your life. Presented by Dr. Tracy Cannon-Smith.

» 11 a.m.

#### **STOP PAIN AND HEAVY BLEEDING...PERIOD.**

Get the latest on gynecological health. Presented by Dr. DeEtte Vasques and Dr. Ellen Parrill.

» 12 p.m.

#### **TUMMY FEELING CRUMMY?**

Learn about digestive health. Presented by Dr. Anna Tokar.

### Bariatric Seminar

Learn more about your surgical weight-loss options. Presented by Dr. Lyons and Dr. Dyslin.

6 p.m.

- November 15
- December 20



TO SIGN UP for one of these **FREE** seminars, visit our website at [usmdarlington.com](http://usmdarlington.com) and click on "Register for Seminars" or call **(888) 444-USMD**.

## Recovering from Hysterectomy: What You Should Know



EVERY YEAR, MORE THAN 600,000 women in the United States have a hysterectomy, an operation to remove the uterus. It is the most common type of surgery for women after cesarean section. A hysterectomy can help treat conditions such as fibroids, heavy vaginal bleeding, chronic pelvic pain, endometriosis, and cancer.

### SURGICAL OPTIONS

Hysterectomies can be done in a variety of ways. Traditionally they are done through a cut in the abdomen or removed through the vagina. Now they are also being done in a minimally invasive way through small cuts and using a camera called a laparoscope. After having a hysterectomy, a woman will no longer have periods or bleeding and will not be able to get pregnant. The tubes and ovaries can be removed or left behind. The ovaries release the hormones so when they are left, menopause will occur at a later time, naturally.

### WHAT TO EXPECT DURING RECOVERY

You can expect to stay in the hospital one to three days after a vaginal or laparoscopic hysterectomy, or up to five days after an abdominal hysterectomy. When you return home, you will need some additional time to rest and recover. It may take four to

eight weeks to recover from an abdominal hysterectomy. When hysterectomies are performed in a minimally invasive manner, many women are back to day-to-day activities within two weeks. Most are able to return to exercise and strenuous activity within four weeks. Sexual intercourse can usually resume with any hysterectomy within 6-8 weeks.

Worrisome signs after hysterectomy can include:

- Fevers
- Heavy vaginal bleeding
- Drainage from incisions
- Severe nausea/vomiting

Hysterectomy can help treat many problems and conditions, but it is major surgery. Your doctor can help you decide if it's the best treatment for you. ■

## the doctor

**Ellen Parrill, M.D.**  
*Gynecology and  
Robotic Surgery*

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