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Making Communities Healthier®

WINTER 2019-2020

SPECIAL  
MEN'S  
HEALTH  
ISSUE

# Brand New Day

Urology surgery helps relieve  
prostate discomfort

Iley McLeod is among many  
men who have suffered  
from benign prostatic  
hyperplasia (BPH).

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UP FRONT

# Healthy Men Need Healthy Communities



**Jon Shannon,**  
Chair of the Board  
of Trustees



Our wellness depends on the well-being of those around us

While waiting to be seen by my doctor recently, I picked up an old issue of Men's Health to pass the time. The cover featured a model who was absolutely aglow with good health. He was chiseled, exceptionally groomed and had a self-assured smile that said, "What, me worry?" Looking into his sparkling eyes, it was clear that health issues were the last thing on his mind. The articles in the magazine featured professional athletes and their training regimens, personal fitness, nutrition, style and dating tips. The magazine painted a one-dimensional image of men's health. In the real world, our health concerns are more varied and complex than we often observe in the media.

The topic of men's health will bring to mind the normal list of issues that we can experience through work, play, disease and aging, but that list is still deceptively narrow. As a man living in the Pee Dee, I'm also a husband and a father. I have friends and colleagues whom I care about very much. My health concerns, therefore, lead beyond my own aches and pains to the needs of my family and my neighbors. If we're going to talk about men's health, let's remember that our own health and well-being depend upon the health and well-being of our loved ones and our community.

This is why I am grateful for the entire spectrum of healthcare providers in our region. Yes, I'm glad for an orthopaedic specialist who can help with my knee injury, but I value just as much the excellent OB/GYN providers who care for my wife and the cardiologist who helped a dear colleague last year. I can't imagine living in a place without access to such a broad range of services, and I don't know of many communities like ours that are fortunate enough to have them. They all contribute to this man's health, even if I've never been treated by them.

As we shine a light on men's health issues in the real world, let's acknowledge the men and women who provide such excellent care for us guys, our families and our friends, right here at home.

Sincerely,

Jon Shannon  
Chair of the Board  
of Trustees



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# PARTNERS IN CARE

A team-centered approach to cardiac rehabilitation

Cardiac rehabilitation is an individualized, medically supervised program of exercise and education for individuals suffering from heart disorders, or those who have experienced a heart attack, angioplasty or stent placement, open-heart surgery, or congestive heart failure. Research has shown that rehab can decrease rehospitalization and the risk of death from heart disease, while also improving overall quality of life.

At Carolina Pines Regional Medical Center, after a person is referred to cardiac rehab, a team of doctors, nurses, exercise specialists, dietitians and respiratory therapists create a plan to manage that individual's risk factors.

The program typically lasts 12 weeks, with two to three sessions each week. Sessions may include supervised exercise, disease education, lifestyle goals and medication management.

"The overall benefit of joining our rehab family is to live a longer, more thriving lifestyle," says Rebecca Van-Derpoel, director of Cardiopulmonary, Speech Therapy and Sleep Services at Carolina Pines. "Patients and their families become a support network for each other, and they leave cardiac rehab with the tools and resources to live a healthy life." 🌲🌲



## Ask your doctor.

If you have a heart condition, ask your doctor if cardiac rehabilitation would help you. Contact the Cardiac Rehabilitation department for more information at **(843) 339-4797**.



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# Brand new



Iley McLeod (center) sleeps much better since Wallace Vaught, MD (right), did a TURP procedure to treat his enlarged prostate, assisted by CCMA Deena Shelley (left).

## A proven surgery eases the symptoms of enlarged prostate

The first of Iley McLeod's overnight interruptions usually occurred as he was dozing off to sleep. Awakened by the sensation of a full bladder, he'd rush to the bathroom, hoping to make it in time, only to eke out a few drops.

"It always felt like I had no time to waste," Iley says. "But then I'd get to the bathroom and barely go."

The second, third, fourth—and sometimes fifth—wakeup calls followed every 1 to 2 hours until morning, when Iley rose from bed feeling more exhausted than the night before.

"I'm 81 years old," he says. "This was not how I wanted to spend my nights or how I wanted to feel during the day."

### FINDING RELIEF

Iley is among many older men who have suffered from benign prostatic hyperplasia (BPH), or an enlarged prostate. The prostate is a gland that sits below the bladder and wraps around the urethra, the tube where urine comes out. It is common for the prostate to grow larger as a man ages. When the prostate is enlarged, it can block the flow of urine.

"About one-third of men will require treatment for BPH at some point in their lives," says Wallace Vaught, MD, a urologist at Carolina Pines Regional Medical Center.

Iley chose to see Dr. Vaught to find a treatment for the discomfort and sleep interruptions that had plagued him for more than a year. "I had heard and experienced only good things regarding this group," Iley says. "They're real professionals."

When Dr. Vaught told Iley about transurethral resection of the prostate (TURP), a surgical procedure meant to resolve urination issues resulting from

# day

BPH, Iley was excited.

"Dr. Vaught told me about TURP surgery on a Friday," Iley says. "I said to him, 'I'm ready—can we do it today?'"

## TREATING BPH

For most men with a BPH diagnosis, like Iley, Dr. Vaught recommends starting with prescription medication. Drugs that relax and/or shrink the prostate are sometimes sufficient to treat the condition. Other times, surgery is the best recourse.

"The medicine did help in the beginning. It gave me relief from the relentless feeling of needing to go," Iley says. "But after about six months, it stopped helping as much."

Preparing for the TURP procedure simply requires no eating or drinking after midnight, and most patients spend one night in the hospital to monitor for possible bleeding. In the four to six weeks between the surgery and first follow-up appointment, patients are advised to avoid heavy lifting.

Post-operation pain is minimal, and results are often immediate. "From that moment on, everything was much easier: urinating, urine flow, and I could finally sleep," Iley says. "Even traveling became easier, since I didn't have to make as many bathroom stops." 🍌🍌



## TALKING TURP

Transurethral resection of the prostate (TURP) is a surgery used to treat urinary problems stemming from benign prostatic hyperplasia (BPH), commonly known as enlarged prostate. TURP is considered a standard, effective solution for men with moderate to severe urinary problems who have not responded to medication.

During a typical TURP procedure, a urologist trims away the prostate tissue that is blocking urine flow. The surgeon inserts an instrument called a cystoscope in the tip of the penis to access the prostate through the urethra.

"I use the analogy that the prostate is like an apple," says urologist Wallace Vaught, MD. "We go through the urethra to reach and remove the core, or excess prostate tissue. In doing so, we create more room for urine to pass through."

- Beginning at age **45**, men should have a digital prostate exam annually to check for BPH.
- BPH appears in about half of men ages 50 to 61, and up to **90%** men older than 80.
- About **150,000** men in the United States have TURP each year.



## MANAGING BPH SYMPTOMS

Benign prostatic hyperplasia (BPH) isn't preventable, however it can be managed with a combination of medication and lifestyle modifications.

Physical exercise, plus restrictions on alcohol and caffeine consumption, are thought to ease uncomfortable urinary symptoms caused by an enlarged prostate. Harvard Medical School's ongoing "Health Professionals Follow-up Study" found physically active men less likely to experience significant symptoms of BPH.

### When you've got to go.

To learn more about our Urology department and schedule an appointment, call **(843) 339-1204**.

# Clearing the Kidneys



Lithotripsy sounds funny, but it stops serious kidney stone pain

Kidney stones are a common condition; about 11% of men and 6% of women in the United States have a kidney stone at some point in their lives.

At Carolina Pines Regional Medical Center, urologist David Horger, MD, estimates 30% of his patients come in because of this painful condition, caused when pebble-like deposits of calcium and other minerals build up in the kidneys.

"If you've ever had a kidney stone, you'll know when you have one again," Dr. Horger says. "There's no getting away from the pain. It comes on immediately—a sharp, stabbing sensation out of nowhere."

For many people, having kidney stones is an unpleasant experience, but one that will pass on its own when the stones come out in their urine. For others, intense pain or a blockage may require medical attention.

"It all depends on what the person is comfortable with," Dr. Horger says. "Some people are fine going home and trying to pass it; other people come in saying, 'I can't take this pain one more minute,'—and that's their prerogative."

Dr. Horger stresses to all his patients that if they begin to vomit or run a fever, they should contact their urologist right away. "This can be a sign of infection and must be addressed immediately," he says.

When a person comes in with painful kidney stones, Dr. Horger begins with an X-ray to check the size and location of kidney stones and see if the patient is a good candidate for lithotripsy.

Lithotripsy involves the use of high-energy shock waves to break kidney stones into smaller, more manageable pieces.

Lithotripsy has many advantages over traditional surgery and other options: It is noninvasive, doesn't require a hospital stay, usually involves minimal post-op discomfort and often provides near-instant relief.

If you find yourself wincing from the pain of kidney stones, rest assured, the urologists of Carolina Pines have you covered. "There's a lot of experience in this office," Dr. Horger says. "We always try to do the right thing, and we've been doing it for a long time." 🍌🍌

## HOW DOES LITHOTRIPSY WORK?

1. The patient lies on table with a special water-filled cushion, usually under general anesthesia.
2. The patient is positioned under a shock head to target the location of the kidney stones.
3. The shock head delivers 1,000 to 2,000 high-energy shock waves, breaking the stones into tiny pieces without harming muscle, bone or skin.
4. The patient returns home when the anesthesia wears off.
5. The kidney stone pieces will usually pass painlessly in the urine. In some circumstances, a plastic tube called a stent is placed in the ureter to ensure that the stone fragments do not cause a blockage as they come out.



David Horger, MD, is a urologist at Carolina Pines Regional Medical Center. For an appointment, call (843) 656-1204.



# Know Your Numbers

Staying on top of your health is a numbers game

High cholesterol, high blood pressure and high blood sugar can increase the risk of developing heart disease and other serious health complications. When you act early to check your heart health, you're in a better position to catch any potential issues and stay healthy.

## BLOOD SUGAR

**Goal:** Less than 100

**What is it?** The amount of sugar in your blood.

More numbers:



	Fasting	Non-fasting
Normal	70–99 mg/dl	< 140 mg/dl
Normal with diabetes	80–130 mg/dl	< 180 mg/dl
Pre-diabetes	100–125 mg/dl	140–199 mg/dl
Diabetes	≥ 126 mg/dl	≥ 200 mg/dl

## CHOLESTEROL

**Goal:** Total cholesterol less than 200

**What is it?** A waxy substance found in blood. Too much cholesterol can cause plaque to build up in arteries, making them narrower and less flexible.

This is called atherosclerosis.



	Desirable	Borderline	High risk
Total cholesterol	< 200 mg/dl	200–239 mg/dl	≥ 240 mg/dl
HDL cholesterol	≥ 40 mg/dl for men > 50 mg/dl for women	40–50 mg/dl for women	< 40 mg/dl
LDL cholesterol	< 100 mg/dl < 130 mg/dl w/ heart disease	130–159 mg/dl 100–159 mg/dl w/ heart disease	≥ 160 mg/dl
TC/HDL ratio	< 3.5	3.5–5	> 5
Triglycerides	< 150 mg/dl	150–199 mg/dl	≥ 200 mg/dl

## BLOOD PRESSURE

**Goal:** Less than 120/80

**What is it?** The force of blood against artery walls when the heart beats (top number) and is at rest (bottom number).

More numbers:



	Systolic (top number)	Diastolic (bottom number)
Normal	< 120	< 80
Normal with diabetes	< 140	< 90
Elevated	120–129	< 80
Stage 1 hypertension	130–139	80–89
Stage 2 hypertension	≥ 140	≥ 90



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# What You Need to Know About Strokes

Men are at particular risk for stroke, but they can take steps to prevent it

Stroke is the fifth leading cause of death and the leading cause of disability in the United States. The number of men who die from stroke each year is nearly equal to the number of men who die from prostate cancer and Alzheimer's disease combined.

A stroke is a medical emergency that occurs when an artery that supplies blood to the brain is blocked or bursts. When blood flow to an area of the brain is cut off, the brain cells begin to die.

Fortunately, a stroke can be treated when it's recognized quickly, and many strokes are preventable.

## STROKE RISK FACTORS

There are two categories of stroke: ischemic and hemorrhagic. "Ischemic strokes are often caused by blockages that develop in large or small blood vessels supplying blood to the brain or by small clots that pass from the heart to the brain," says William Martin, MD, a family medicine physician at Carolina Pines Regional Medical Center.

"Hemorrhagic strokes are often caused



William Martin, MD, is a family medicine physician at Carolina Pines Regional Medical Center. To make an appointment, call **(843) 383-5171**.



Eric Tauscher, MD, is an emergency medicine doctor at Carolina Pines Regional Medical Center. To contact the Emergency Department, call **(843) 339-4600**.

when a bulging blood vessel bursts, called an aneurysm." Ischemic strokes are the most common kind.

Some risk factors for stroke are out of your control. For example, African-American men are at greater risk for stroke than any other group of men. But there are a number of risk factors that you can do something about:

- High blood pressure
- High cholesterol
- Diabetes
- Smoking
- Physical inactivity
- Obesity

## MEN AND STROKE

While stroke affects both men and women, men are at particular risk due to several factors:

- Close to one in three men with high blood pressure does not know he has it
- Men are more likely to be smokers than women
- Diabetes affects more men than women
- Nearly 3 in 4 men are overweight
- Men drink alcohol at higher rates than women



## SIGNS OF STROKE

The key to treating stroke is to notice it early and get help right away. "Early detection and treatment is essential," says Dr. Martin.

Signs of stroke include:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding speech
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, or loss of balance or coordination
- Sudden severe headache with no known cause

Anybody experiencing any of these symptoms should get to an emergency room as soon as possible.

## TREATING A STROKE

According to Eric Tauscher, MD, an emergency medicine physician at Carolina Pines, when a patient comes to the emergency room with signs of stroke, the first step is to perform a CT scan of the brain to determine if their symptoms are due to an ischemic or hemorrhagic event. If it's a hemorrhagic stroke, with bleeding into the brain, the patient is transferred to a comprehensive stroke center with neurosurgical capabilities. If it's an ischemic stroke, where a blockage is cutting off blood flow to part of the brain, emergency room staff will quickly consult with neurologists and administer tissue plasminogen activator (tPA), a clot-busting drug.

"We only have a brief window of time where patients can get this medication to break up that clot," Dr. Tauscher says.

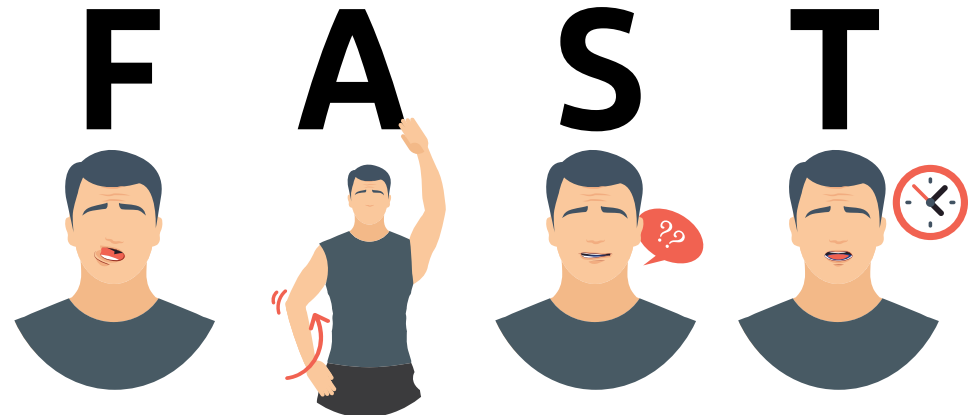
Once the patient is stabilized, they may be further evaluated with a special CT scan of the head and neck to determine if they need further intervention. Then the patient may be transferred to a comprehensive stroke center or within the hospital to begin the road to recovery. When the patient is discharged from the hospital, they can begin rehabilitation.

"The good news is that even after a stroke, you can make a full recovery," Dr. Tauscher says. 🍌🍌

## ACT FAST

Know how to spot a stroke. FAST is an acronym developed by the American Stroke Association to help you recognize the signs of stroke and know what to do.

**F** **A** **S** **T**



- **Face drooping:** Ask the person to smile and see if the smile appears uneven.
- **Arm weakness:** Is one arm weak or numb? Ask the person to raise both arms and notice if one arm moves downward.
- **Speech:** Does the person have trouble speaking? Ask the person to repeat a simple phrase or sentence.
- **Time to call 911:** If the person has any of these symptoms, call 911 and get them to a hospital right away, even if the symptoms stop.



## HOW CAN MEN PREVENT STROKE?

Many men have risk factors for stroke, and once you've had a stroke, you're at risk of having another one. The Centers for Disease Control and Prevention (CDC) estimates up to 80% of strokes can be prevented. Dr. Martin advises these steps:

- Lower your blood pressure
- Lose weight
- Exercise regularly
- Treat diabetes and keep it well controlled
- Treat atrial fibrillation (a heart condition that increases stroke risk)
- Drink alcohol in moderation
- Quit smoking



# Heart to Heart

Here's what you need to know about preventing heart disease

Heart disease is the leading cause of death for men in the United States, according to the Centers for Disease Control and Prevention. Men who show no symptoms can still be at risk. While the data paints a grim picture, there are several ways men can prevent heart disease.

Cardiologist Mark Stellingworth, MD, medical director of Echocardiography and Cardiac Rehabilitation at Carolina Pines Regional Medical Center, answers common questions about heart disease.

## WHAT TYPES OF HEART DISEASE DO I NEED TO BE CONCERNED ABOUT?

The big three are coronary artery disease, atrial fibrillation and heart failure. Coronary artery disease is the most life-threatening and occurs when the coronary arteries become clogged and can't pump enough blood to the heart. Atrial fibrillation creates rhythm disturbances in the heart and can result in significant impairment and stroke. Both can lead to heart failure, where the heart doesn't pump or relax appropriately.

## WHAT IS THE DIFFERENCE BETWEEN CORONARY ARTERY DISEASE AND A HEART ATTACK?

Coronary artery disease can lead to a heart attack. When coronary arteries are blocked, restricting blood-flow to the heart, the heart doesn't receive enough oxygen and the vital nutrients it needs to work properly. This may result in a heart attack, which is an injury to the heart muscle.

## WHAT CAUSES HEART DISEASE IN MEN?

Some factors, like gender and aging, we can't change. But there are modifiable ones, like high blood pressure, high cholesterol, diabetes and tobacco use. Obesity is also a significant factor that precipitates all of these.

## WHAT ARE THE SYMPTOMS?

The classic symptoms of coronary artery disease include feeling chest pressure when exerting yourself, or when you're under emotional distress, as well as numbness or tingling in the arm or jaw. Heart attack symptoms are similar but also include difficulty breathing, sweating, nausea or vomiting, dizziness, extreme weakness or anxiety.

Signs of atrial fibrillation are heart palpitations and abnormalities associated with stroke, like left-sided or right-sided weakness or facial asymmetry. Heart failure symptoms include shortness of breath from minimal or moderate exertion and swelling in the lower extremities.

## HOW CAN MEN PREVENT HEART DISEASE?

The best way is to embrace a healthy lifestyle with diet and exercise, smoking cessation and minimizing your alcohol use.

Even if you did end up with heart disease, it would be much more treatable had you been taking care of yourself all along. I tell my patients, "I'm not treating the person you are now, but the person you're going to be 10 years from now."

## ARE ALL HEART DISEASES TREATABLE?

Yes. It's never too late to change your lifestyle. Additionally, we use medications to treat heart disease such as beta blockers used for heart rate control and anticoagulants to reduce the risk of stroke in atrial fibrillation. 🍌🍌



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Mark Stellingworth, MD, is medical director of Echocardiography and Cardiac Rehabilitation at Carolina Pines Regional Medical Center.  
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## Need a doctor?

To find a Carolina Pines cardiologist, call (843) 339-2100.



## HOW TO BUILD STRENGTH SAFELY

If you're just getting into weight training—or getting back into it—build your strength gradually by progressing through these phases.

### PHASE 1:

Muscle Endurance

**Do this:** 3 sets of light to moderate resistance; 15+ repetitions

**How long:** 2–3 weeks will get your muscles used to working again

### PHASE 2:

Strength

**Do this:** 3 sets of moderate resistance; 10–12 repetitions

**How long:** 3–4 weeks will show gains in strength and muscle mass

**Step it up:** As you progress, begin to increase weight and reduce reps to transition to a power workout

### PHASE 3:

Power

**Do this:** 3 sets of heavy resistance; 3–5 repetitions

**How heavy:** The weight should be heavy enough that you can only complete 3–5 repetitions

# Slow Burn



Brad Robinson, ATC, is a certified athletic trainer at Carolina Pines Regional Medical Center.

## Here's how to build an exercise plan you can stick with

### By Brad Robinson, ATC

For a lot of men, holiday meals and colder weather add up to extra pounds. If your Christmas wish is to get your body looking more like it did 10 years ago, you need a plan to do it safely.

When you start a new exercise regimen, whether it's cardiovascular or strength training, you need to start slowly. You can't jump back in and lift the weight you did the last time you were in the gym, nor should you expect to run the same distance you used to.

### READY TO SWEAT

For cardiovascular exercise, if it has been a long time since you did any activity, a brisk walk would be a good start. To work up to running, follow a couch-to-5K program that progresses gradually to a 3-mile run over several weeks. You can download a C25K app for your smartphone.

If you have knee or ankle problems, biking and using an elliptical trainer are cardiovascular workouts that are easy on the joints.

### PUSH AND PULL

For strength training, start with lighter weight and build up. You will normally have some sore muscles, but if you start too heavy, you could set yourself up for excessive soreness that will make you stay away from the gym—or, even worse, injury.

Plan on training at least three days a week, so you can work the total body through the week. An example would be to do upper body pushes on day 1, upper body pulls and core on day 2, and lower body on day 3. Give yourself time for recovery between days.

### SHEDDING POUNDS

If your goal is to lose weight and change fat into muscle, doing a combination of cardiovascular exercises and strength training, along with improving your diet, will give you the best results. Weight training three days a week with cardio exercise two to three days a week would be a perfect plan.

Whatever you would like to achieve, set your goals, have a plan and do it safely. Find activities you like to do, and you will most likely stick with it. 🍌🍌

## Before you hit the gym.

If you have not been active recently or if you have a medical condition, check with your doctor to see what is safe for you before starting a new exercise plan.



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## CALENDAR OF EVENTS

Please be our guest each month! Each class meets in the Education Classroom directly before the cafeteria.

### Senior Scene

Senior citizens always get the best of the good life with this free program.  
First Thursday of the month  
10-11 a.m.

### Living Well with Diabetes

Beneficial and educational support group for people living with diabetes.  
Second Thursday of the month  
6 p.m.

### Lunch and Learn\*

Enjoy an informative talk with a different physician each month over lunch.  
Third Thursday of the month  
12-1 p.m.

### Childbirth Preparation Class\*

Free for expectant mothers and their labor partner.  
First Saturday of the month  
9 a.m.-4 p.m.

### Ostomy Support Group

Our Inpatient Wound Care Nurse Karen Butler, BSN, RN, WCC, OMS, is certified as an ostomy management specialist and leads our new support group for ostomy patients and their caregivers.  
Fourth Tuesday of the month  
7-8 p.m.

Contact Karen Butler,  
**(843) 339-4259** or  
[karen.butler@cprmc.com](mailto:karen.butler@cprmc.com)



\*Please RSVP for Lunch and Learn and Childbirth Preparation Class at **(843) 339-4563**.



## JOIN US!

**2nd Annual Jumpstart Your Heart 5K**

**March 28, 2020**

**Race begins at 8 A.M. in front of The Medical Group.**

**Proceeds will be used to purchase medical equipment for community members.**

**Register at [strictlyrunning.com](http://strictlyrunning.com). Click on "Registration," "Register for an Event," and select "3/28/2020 Jumpstart Your Heart 5K."**