

Watson Clinic

# Health

FALL 2011

Scene®

A community health education magazine made possible by generous donations from The Watson Clinic Foundation's supporters.

## Women's health

*Dedicated breast cancer screening and treatment*

## Bringing home Baby

*A few must-haves*

**HELPING YOUR KIDS  
MANAGE WEIGHT**



# Get the OK TO PLAY

Sports physicals help young athletes stay safe, healthy

**SPORTS ARE A GREAT** way for kids to have fun and stay active. But before your child suits up, make sure you get the green light from your child's doctor. Sports physicals should include both a medical history and a physical exam.

"The medical history portion of the physical should include a review of past injuries, surgeries and illnesses," says **Salvador O. Montenegro, MD**, a sports medicine (nonsurgical) specialist with Watson Clinic. "The doctor should also be told about any medications your child takes, drug allergies he or she has, and signs or symptoms of potential health problems."

The physical exam should always include measurement of height and weight; vision and hearing tests; and a check of vital signs, such as blood pressure and pulse rate. The doctor will also examine your child's head, ears, nose, throat, abdomen, joints, bones, muscles and ligaments and listen to your child's heart and lungs.

"A sports physical is a good way to help make sure your child is healthy and can safely play the game," Dr. Montenegro says.

It's also designed to:

- Identify medical problems that may place your child at risk for injury or illness.
- Identify problems that may impair your child's ability to perform.
- Assess fitness levels for certain sports.
- Teach you and your child about injuries and other health-related sports issues.
- Meet legal and insurance requirements.

After conducting the physical, the doctor will tell you whether or not your child is in good enough health to take part in a certain sport. If clearance is denied, the doctor will also let you know what needs to be done before your child can participate.

And remember: While sports physicals provide the necessary clearance to participate in competitive school sports, they should not replace an annual visit to the pediatrician or primary care physician.

American Academy of Pediatrics; American College of Sports Medicine

Call 863-680-7513  
to schedule an  
appointment with a  
member of Watson  
Clinic's sports  
medicine team.



● Salvador O. Montenegro, MD

## Make a play for safety

Never mind the scoreboard. When it comes to youth sports, safe kids are the big winners.

Many youth sports injuries can be prevented. To help reduce the risk of injuries, the American Academy of Pediatrics says you should encourage your child to: ✓ Wear proper protective gear. ✓ Stretch muscles and tendons before and after games. ✓ Learn—and use—the proper techniques for different sports. ✓ Take rest breaks during games and practices. ✓ Play a variety of sports. A two-month break from a specific sport can help prevent overuse injuries. ✓ Play safe and follow the rules of the sport. ✓ Stop playing if he or she is in pain. ✓ Drink plenty of fluids before, during and after games and practices.

By teaching your child how to play sports safely, you can help your son or daughter become a winner both on and off the field.



# Defining excellence

## From the desk of Dr. Louis Saco

**GREAT HEALTHCARE** adheres to many key principles. Convenience, expertise, service, and a sense of trust and collaboration between you and your physician are first and foremost among them.

It can be challenging to find the healthcare facility that's right for you; one that embodies all of these qualities and more.

That's why a review of a facility's accreditations can be helpful when you want to ensure that you and your family will receive the best possible care.

Accreditation is awarded to medical institutions that meet or exceed strict quality standards as established by the most reputable patient advocacy and professional medical groups in the industry. Watson Clinic voluntarily participates in these examinations, during which every facet of our operations is scrutinized against strict national and state guidelines.

### Why choose Watson Clinic?

Here are a few of the accreditations that have been granted to Watson Clinic as a result of these evaluations:

- Watson Clinic's Breast Health Services was awarded a full three-year accreditation from the National Accreditation Program for Breast Centers, recognizing the high caliber of breast cancer evaluation and management services offered. We achieved full compliance with 27 strict quality standards with no deficiencies, and the Women's Center is one of only 13 breast centers in the state to hold this prestigious accreditation.
- Watson Clinic is accredited by the Accreditation Association for Ambulatory Health Care, Inc. This

honor attests to our adherence to national standards of excellence.

- Our Center for Cancer Care & Research (CCCR) was awarded a three-year accreditation from the American College of Physicians Commission on Cancer, making CCCR one of only three freestanding cancer centers in the country to achieve this distinction.
- Watson Clinic maintains the only sleep disorder center in the area to be accredited by the American Academy of Sleep Medicine.
- Our radiology department received prestigious PET/CT, Breast Imaging, MRI and CT accreditations, which testify to the impeccable patient care and safety procedures used with the radiology department's state-of-the-art imaging equipment. Watson Clinic's pulmonology, cardiac rehab, credentialing, diabetes education and echocardiography services have also been accredited by the most distinguished organizations in the country.



● Louis S. Saco, MD, MBA

### Our work is never done

These accreditations testify to our ongoing commitment to deliver only the most comprehensive and expertly executed medical services.

For more information about our accreditations, visit [www.WatsonClinic.com/accreditations](http://www.WatsonClinic.com/accreditations).

Yours in good health,

Louis S. Saco, MD, MBA  
Chairman and Chief Executive Officer,  
Watson Clinic LLP; Chairman, Watson Clinic Foundation



FALL 2011

**Executive Director,  
The Watson Clinic Foundation, Inc.**  
Caune Boydston Bamberg

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### Check out our websites

[www.WatsonClinic.com](http://www.WatsonClinic.com)

[www.LakelandCancerTreatment.com](http://www.LakelandCancerTreatment.com)



Email us at [healthscene@WatsonClinic.com](mailto:healthscene@WatsonClinic.com).

## Chipping in for a cause

The Watson Clinic Foundation will host the 18th annual Benefit Golf Classic on Saturday, Oct. 22, at Huntington Hills Golf & Country Club in Lakeland.

One of the Foundation's most popular and eagerly anticipated events year after year, the tournament invites corporate sponsors and individual golfers to participate in a day of golf on a beautiful course—all while giving back to their community.

Participants receive a round of golf and a golf cart, a bag lunch, dinner and beverages throughout the tournament. Registration begins at 11 a.m. with a shotgun start at noon.

Proceeds from the annual golf tournament allow the Foundation to continue delivering on its mission to enhance the quality of life throughout our community and beyond. These efforts include free health screenings, medical scholarships, and funding for important research projects aimed at advancing the fight against cancer, cardiovascular disease and many other life-threatening illnesses.

For more information about participating in our golf tournament, please email [PGarrett@WatsonClinic.com](mailto:PGarrett@WatsonClinic.com) or call the Foundation office at 863-802-6220.

**THE WATSON CLINIC**  
Foundation, Inc.



### Watson Clinic Dermatology at Lakeland Highlands

#### Hours:

Tuesdays and Thursdays,  
8 a.m. to 5 p.m.

#### Address:

2180 E. County Road 540A,  
Lakeland, FL 33813

Phone: 863-680-7267



## New dermatology office opens in Lakeland Highlands

Expert dermatologic care is more convenient than ever at Watson Clinic Dermatology at Lakeland Highlands. Located on the corner of East County Road 540A and Lakeland Highlands Road—in the same plaza as Watson Clinic's XpressCare and Lakeland Highlands offices—the new practice offers comprehensive dermatology services, including routine evaluations; monitoring and treatment of skin cancers; and the treatment of common skin disorders, such as acne, eczema, psoriasis, rosacea and dermatitis.

Patients will be treated by **Brenda O'Hair, PA-C**, who has more than eight years' experience providing expert, compassionate service. O'Hair works under the supervision of board-certified dermatologist **William J. Roth, MD, PhD**.

Regular skin evaluations are essential, particularly for people often exposed to the sun and also those with a personal or family history of pre-cancer, skin cancer or melanoma.

Watson Clinic Dermatology at Lakeland Highlands is close by for patients in south Lakeland, Bartow and surrounding communities.



● Brenda O'Hair, PA-C



● William J. Roth, MD, PhD.

## Spa services offer medical benefits

Watson Clinic's Bella Vista Spa is not just for those who want to relax and be pampered. Several of the services and treatments offered by the spa carry significant medical benefits as well.



### PEDICURES

Diabetes can be characterized by dry, itchy and irritated skin, as well as poor circulation, particularly in the legs and feet.

Watson Clinic specialists often recommend pedicures for their patients.

The Bella Vista Spa personnel are specially trained to deliver gentle and effective pedicure treatments for patients with diabetes, as well as other ailments that require enhanced foot care.

### MASSAGE THERAPY

Therapeutic massage improves circulation, relieves muscle pain, supports healing and relieves stress.

Massage may be recommended for a variety of conditions, from hypertension to chronic migraines.

Our spa specialists also offer prenatal massage, which has been shown to relieve an expectant mother's stress and discomfort.

The Bella Vista Spa is convenient for Watson Clinic patients, but is fully open to the public. For more information or to schedule an appointment, please call 863-904-6250.





MEDICINE SAFETY

## A simple disposal plan

Taking prescription medications can be a safe and effective way to treat many kinds of health problems. But if someone else takes your medicine—accidentally or not—it can be very dangerous.

Certain medicines, including some powerful drugs to fight pain, can be especially risky if taken by people who aren't cleared to do so by a doctor. Serious side effects may include trouble breathing, heart

problems or death. In some cases, even a single dose can be fatal, according to the U.S. Food and Drug Administration (FDA).

That's why the FDA says these types of drugs, when they're no longer needed, require a special—though very simple—disposal plan: Flush them down the toilet or sink. That way no one, including children, will be able to take them.

Flushing isn't recommended for the vast majority of old or unused medicines, which should be tossed in the trash along with something unappealing, such as cat litter or coffee grounds. (That way there's less chance someone will find them and want to try them.)

You can find a list of medicines that should be disposed of by flushing at [www.fda.gov](http://www.fda.gov). Search for "safe disposal." Then click on "Disposal of Unused Medicines: What You Should Know."

You can also ask your pharmacist about how to get rid of unneeded medicine.



BABY ESSENTIALS

## Car seats and cribs

Babies really don't need very much besides loving parents. But at least two other things are essential: a safe place to sleep and a car safety seat. Before you provide either, keep these facts in mind:

**Car seats.** New is better in this case. Car seats wear out over time, and secondhand car seats may be damaged in ways that aren't visible. Your baby should ride in the back of your automobile in a rear-facing car seat until he or she is 2 years old or until the child outgrows it.

**Cribs.** A new one will meet strict safety standards. But if you prefer a used one, you need to look it over carefully for possible hazards.

The slats should be no more than 2 3/8 inches apart. If they're more widely spaced, your baby's head could become trapped in them. There shouldn't be cutouts in the headboard or footboard—again, because your baby might become trapped. And since older cribs might have lead paint, a used one may need to be stripped and refinished.

American Academy of Pediatrics

## Ban the burn



● Scott T. Kelley, MD

If you've used antacids steadily for more than two weeks, it's time to see your healthcare provider.

"Chronic heartburn or indigestion

can signal more serious health conditions, from acid reflux to esophageal cancer," says **Scott T. Kelley, MD**, a Watson Clinic general surgeon.





## Could it be a heart attack?

**THE FEAR OF EMBARRASSMENT** can keep you from doing a lot of things.

It might stop you from singing karaoke. Or it could convince you not to make your skating debut on the ice rink at the Lakeland Center.

But it should never stop you from getting medical help if you think you might be having a heart attack.

According to the National Heart,

Lung, and Blood Institute, people often delay calling for emergency help after a heart attack starts. One major reason: fear of being embarrassed if it turns out to be a false alarm.

“Quick treatment is crucial to surviving a heart attack,” says **Sean P. O’Rourke, MD, FACC**, a board-certified cardiologist at Watson Clinic. “You should call 911 for an ambulance rather than ride to the hospital in a private car.”

You should call 911 within five minutes of having any of these symptoms:

→ Feeling pressure, squeezing,

fullness or pain in the center of your chest.

→ Having discomfort in one or both arms, the back, the neck, the jaw, or the stomach.

→ Feeling short of breath.

→ Feeling nauseated or light-headed or breaking out in a cold sweat.

“Get medical help even if your symptoms disappear after a few minutes,” Dr. O’Rourke says.

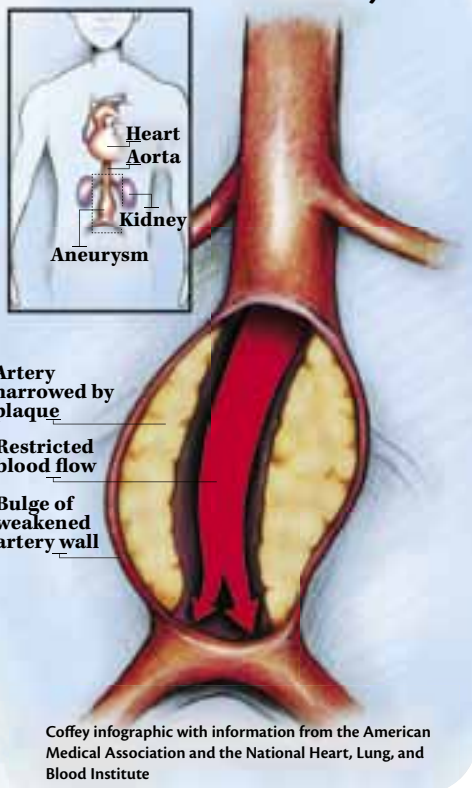


● Sean P. O’Rourke, MD, FACC

**Watson Clinic operates one of the most comprehensive cardiology departments in the area. Call 863-680-7490 to schedule an appointment.**

## Should you be screened for AAA?

### Abdominal aortic aneurysm



**YOUR AORTA** is the workhorse of your circulatory system. It’s your largest artery, carrying blood from your heart to the rest of your body.

“The walls of your aorta are very elastic and can stretch and shrink as needed to handle blood-flow,” says **Patrick J. Reddy, MD, FACC**, a board-certified cardiologist at Watson Clinic. “But some health conditions can weaken your aortic wall, which can cause it to bulge outward, forming what is known as an abdominal aortic aneurysm, or AAA.”

If the weakened walls of your aorta burst or rupture, the aneurysm can cause life-threatening bleeding inside your body, says the American Medical Association.

Men are more likely than women to have an abdominal aortic aneurysm. Other risks include:

- Aging.
- Hardening and narrowing of the arteries.
- Having a family history of aortic

aneurysms.

→ Smoking.

→ Having high blood pressure.

If you have any of these risk factors, ask your doctor if you should be screened for an aortic aneurysm. All men between the ages of 65 and 75 who have ever smoked cigarettes are good candidates to be screened, according to the U.S. Department of Health and Human Services.

Treatment for an aneurysm depends on its size and location.

For all of us, including those with AAA, recommendations include a healthy diet, not smoking and weight control.

Additional treatments for patients with AAA can include medications and surgery.



● Patrick J. Reddy, MD, FACC

# When you need surgery

**WHEN SINUSES BECOME** infected, medicine is the first line of defense. Nose drops, saline washes, steroid sprays, antibiotics and other medications often help reduce swelling and knock down infections.

But some people develop sinus problems that become chronic. Months—or years—of headaches, pain and misery can follow. Uncontrolled infections can travel to sensitive areas near the sinuses, including the eyes and brain.

So if aggressive use of medications fails, your doctor may suggest sinus surgery.

## The goal of surgery

“If sinuses don’t drain properly, pus and other secretions can build up and become infected,” says **Pranay C. Patel, MD**, a board-certified otolaryngologist and facial plastic surgeon with Watson Clinic. “Air also needs to move freely through the sinuses, or it can become trapped or cause a vacuum. Any of these conditions can lead to pressure and pain. The goal of surgery is to improve drainage and reduce blockages so that the complex pathways between the sinuses and the nose work better.”

Surgery helps by:

- Enlarging the natural openings of the sinuses.
- Correcting anatomical problems.
- Removing growths, called polyps.

## Types of surgery

“Today sinus surgery is usually done entirely through the nose, with no external scars,” Dr. Patel says. “Surgeons use techniques that cause much less pain and downtime

than older surgical techniques.”

- Sinus surgery options include:
- **Functional endoscopic sinus surgery (FESS)**, which involves inserting a very thin, lighted tool called an endoscope through the nose. This allows the surgeon to see the sinuses. Using microinstruments, small amounts of bone or tissue are removed to enlarge and clear blocked areas to improve drainage. Sometimes the inside anatomy of the nose needs to be repaired too.
  - **Image-guided surgery**, which involves a multidimensional mapping system, CT scans and infrared signals to guide surgeons through the sinus passages. The signals and scans help surgeons know exactly where to fix the sinus passages.

- **Balloon catheter sinuplasty**, a new, minimally invasive technique that uses a soft, flexible wire threaded through the nose to reach the sinuses. A small balloon attached to the wire is then gradually inflated to gently reshape the blocked areas. Used alone, sinuplasty doesn’t require cutting, so it preserves the original nasal tissue. But depending on the location, extent and cause of sinus problems, doctors may use a hybrid approach, combining sinuplasty with other sinus surgery techniques for the best results.

Patients typically return to their regular activity within a few days after sinus surgery, reports the American Rhinologic Society.

According to the National Institute of Allergy and Infectious Diseases, most people have fewer symptoms and better quality of life after sinus surgery, although surgery may not completely eliminate sinusitis.


“As with any surgery, there are risks involved with sinus surgery,” Dr. Patel says. “Your doctor will consider many factors before recommending surgery, including your medical history and nasal anatomy.”



● Pranay C. Patel, MD

## When you need surgery

Schedule a consultation with a member of Watson Clinic’s otolaryngology department—including Dr. Patel; Serge Jean, MD, PhD; and Raam S. Lakhani, MD.

 Call 863-680-7486.



● Serge Jean, MD, PhD



● Raam S. Lakhani, MD





# Breast health takes center stage



• Elisabeth L. Dupont, MD

**WATSON CLINIC** has been committed to women's care for nearly 70 years; a commitment energized by our investment in talent, technology and outreach efforts.

This mission is fully realized in our approach to breast health services. In fact, Watson Clinic specialists and surgeons treat more patients for breast cancer than any other medical establishment in the area, inspiring the 2006 opening of the Watson Clinic Women's Center, a two-suite facility that offers digital mammography, breast surgery, and plastic and reconstructive surgery services.

"The Women's Center is unique in that we're focused on breast healthcare," says **Elisabeth L. Dupont, MD**, a board-certified breast surgeon and the medical director of Breast Health Services at Watson Clinic.

The breast-health-specific

expertise of Women's Center specialists is apparent through every stage of care—diagnosis, treatment and follow-up.

## Mammography

Watson Clinic's Breast Health Services include a Women's Center for breast imaging, complemented by accredited partner sites Watson Clinic and the Center for Cancer Care & Research. Patients benefit from digital mammography read by dedicated breast imagers with fellowship training and expertise in mammography and breast ultrasound. Breast-Specific Gamma Imaging, MRI and MRI-guided biopsies are also available.

## Breast surgery

The Women's Center offers breast surgery consultation and plastic surgery services—often working in concert to provide patients with immediate reconstruction and oncoplastic techniques for breast

conservation candidates.

Dr. Dupont, who has a long history of treating breast cancer both at Moffitt Cancer Center and at Watson Clinic, offers the widest array of survival options, including the latest oncoplastic approaches in breast conservation surgery and skin- and nipple-sparing mastectomy.

"All of my expertise is strictly focused on breast care," Dr. Dupont says. "Many times, patients who seek surgical intervention receive their care from surgeons who are not primarily invested in treating breast cancer. I'm committed to breast health, and it's my only focus."

Each newly diagnosed patient is evaluated at a weekly multidisciplinary, breast-specific conference. Nurse navigators and on-site social workers guide patients through all phases of care—from diagnosis to intervention and survivorship.

If desired, breast reconstruction services are available during the initial procedure or at a later date. The surgery is performed by Watson

**COME SEE THE PROS** accredited by the National Accreditation Program for Breast Centers. To schedule your next mammogram, please call 863-680-7755, option 3.

## Early breast cancer

# Understand your options

More women today may be getting mammograms on a regular basis than in years past, and that's good. Also good: Advancements in technology have made mammography itself more sensitive and better able to spot the tiniest of abnormalities. According to the College of American Pathologists, these two factors have resulted in a jump in the number of diagnosed cases of ductal carcinoma in situ (DCIS), a very early form of breast cancer.

### EARLIEST DIAGNOSIS

The breast consists mostly of fatty

tissue. Other parts include milk glands—called lobules—lymph vessels, connective tissue, blood vessels and ducts.

DCIS gets its name from its location within the breast. The cancer is confined within the ducts and has not spread outside.

"DCIS is the earliest possible diagnosis of breast cancer," says **Elisabeth L. Dupont, MD**, breast surgeon and medical director of Breast Health Services at the Watson Clinic's Women's Center. "The tumor is so small that it's rarely found by touch. Most often, it is discovered on a routine mammogram, where it is visible as tiny specks of calcium, called microcalcifications."

### TREATMENT NOT CLEAR-CUT

If your doctor suspects that you have DCIS, you will probably have a biopsy. If

the diagnosis is confirmed, you and your doctor can discuss treatment options. Most oncologists believe DCIS needs to be treated.

Experts think DCIS can sometimes be present for a long time without causing problems. It's estimated that only about 30 percent of cases will develop into invasive cancer within a decade of diagnosis.

"However, there is no way to tell which tumors are most likely to become invasive," Dr. Dupont says. "Not knowing the real extent of the cancer can make the ultimate surgical decision more difficult."

Which treatments are best for you can depend on several factors, such as your personal risk for additional breast cancer. Review all the benefits and risks of any treatment with your doctor.

American Cancer Society; National Institutes of Health

Clinic's board-certified plastic surgeons, **Faeza R. Kazmier, MD**, and **J. Scott Ferguson, DO**, both of whom are skilled in crafting a natural, pleasing appearance for the breast after invasive surgery.

When referred to the Center for Cancer Care & Research, Watson Clinic's adjacent facility, patients receive personalized care from a team of dedicated oncologists, radiation oncologists and nurses who are skilled in treatment options for breast cancer, including chemotherapy and radiation technologies.

In addition, patients have access to clinical trials, support groups, educational opportunities and wellness programs specifically designed for breast cancer patients and survivors.

All of these efforts are complemented by the multidisciplinary structure of Watson Clinic, which gives each patient ready access to additional specialists based upon their treatment needs—including pulmonologists, endocrinologists and cardiologists.

Visit [www.WatsonClinic.com](http://www.WatsonClinic.com) to learn more.

## Treating DCIS

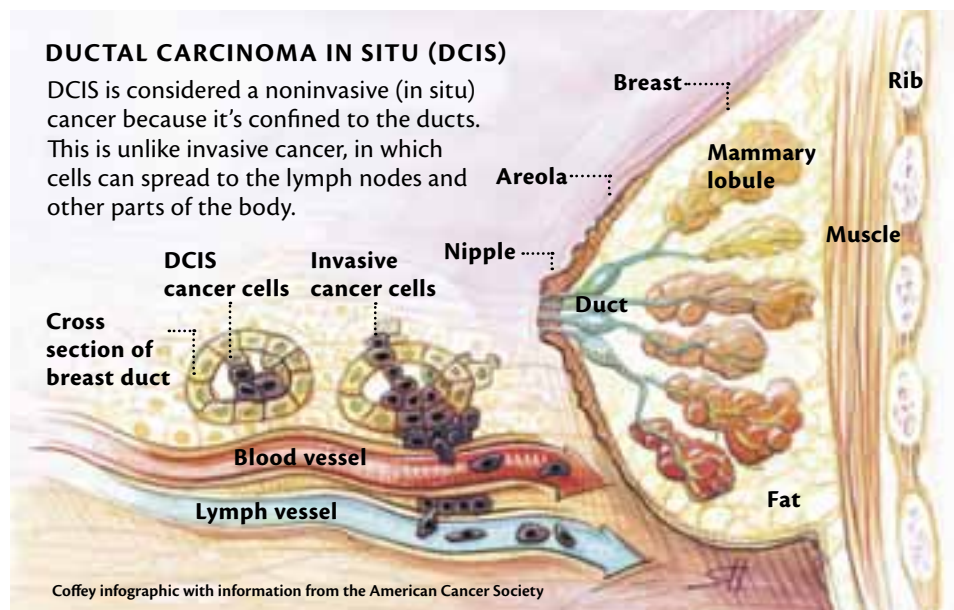
If you learn that you have ductal carcinoma in situ (DCIS), you may have several options for treatment. They can include:

- ✓ A lumpectomy—surgery that removes just the cancer and a small amount of surrounding tissue but leaves most of your breast intact.
- ✓ Radiation therapy—which is used to help destroy any cancer cells that might remain in your breast after surgery.
- ✓ A mastectomy—surgery that removes your entire breast.

If tests show that your tumor is linked to the hormone estrogen, your doctor might recommend that you take a drug called tamoxifen for several years after surgery. Tamoxifen can lower the risk that the cancer will return.

You'll want to discuss the pros and cons of each option with your doctor.

American Cancer Society; National Institutes of Health



# Helping children have a healthy

**COMPARE** a typical school class photo from today with one taken 30 years ago. Besides clothing and hairstyles, what other difference stands out?

More times than not, a current photo will show far more youngsters to be overweight, or even obese, than kids three decades ago. In fact, a third of all children and adolescents in this country are currently overweight or obese, according to the American Heart Association.

## Significant risks



● Varsha Ghayal, MD

“Overweight and obese children and adolescents are at risk for a number of physical, social and emotional problems,” says **Varsha Ghayal, MD**, a Watson

Clinic pediatrician.

Immediate physical problems may include joint pain, asthma, sleep apnea and skin infections.

Social and emotional problems may include being teased and having low self-esteem, depression and a poor body image. Obesity also has been linked to poor school performance and risky behaviors, like alcohol and tobacco use.

“As significant as these immediate problems can be, an overweight or obese child is also likely to face some serious health issues in the future,” says **Frederick J. Wehle Jr., MD**, a Watson Clinic pediatrician.

For example, being overweight raises risks associated with cardiovascular disease, such



● Frederick J. Wehle Jr., MD

as high blood pressure, unhealthy cholesterol levels, glucose intolerance and type 2 diabetes. Today’s obese child is also at long-term risk for stroke and cancers of the breast, colon and kidney.

How can you tell if your child is overweight or obese?

According to the Centers for Disease Control and Prevention, the most widely accepted measure is body mass index (BMI), which is based on weight in relation to height.

A child between the ages of 2 and 19 is considered overweight if his or her BMI is at or above the 85th percentile compared to other children of the same age and sex. Obesity is defined as a BMI at or above the 95th percentile.

“Your children’s doctor can help determine their nutrition and health needs,” Dr. Ghayal says.

## Five-Two-One-Zero weight-control goals

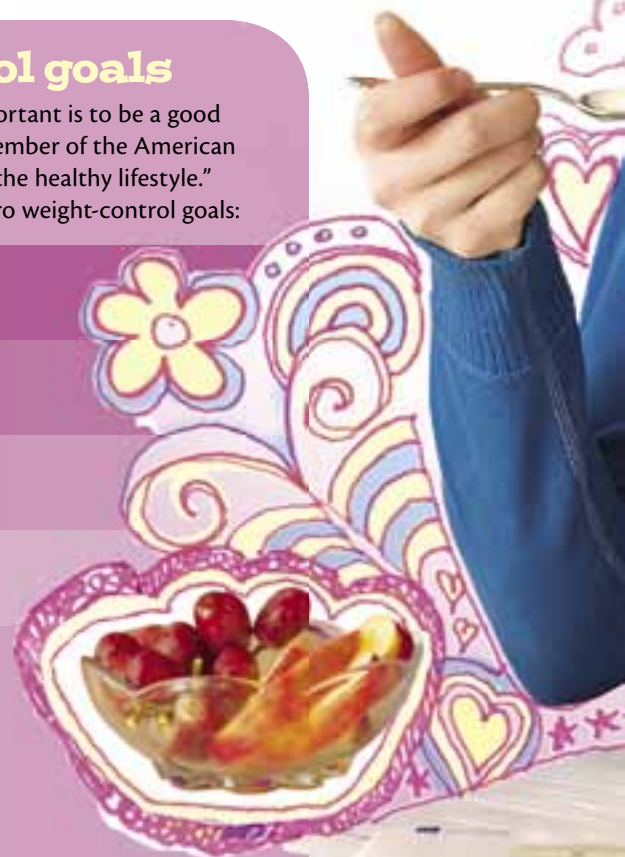
There are a number of ways to help an overweight child. Perhaps the most important is to be a good role model. “The whole family has to be on board,” says Anne Francis, MD, a member of the American Academy of Pediatrics’ Obesity Leadership Workgroup. “Adults have to model the healthy lifestyle.”

She often recommends that families aim for the following Five-Two-One-Zero weight-control goals:

- 5** servings of fruits or vegetables each day.
- 2** hours or less of screen time each day, which includes TV, computer and video game time.
- 1** hour of moderate physical activity each day.
- 0** sugared drinks.

“It puts everything together in a nutshell,” she says. “Very small changes, incremental changes, even single changes can make a big difference.”

What doesn’t work is for the overweight or obese child to be singled out at home, Dr. Francis adds.



# weight

## How you can help

“Emphasize being healthy as a family—don’t focus just on one child,” Dr. Wehle says.

Families who make a

commitment to learning about nutrition, exercising more and making small changes in their lifestyle are going to have the most success.

And that can develop into a pretty healthy picture.



## The care and feeding of teenagers

As kids morph into teens, their world becomes focused on friends, activities, social pressures and high-school-size homework. Ten extra minutes in bed and pizza with pals may trump breakfast and family dinners.

But they need healthy food—and plenty of it—during these growth-spurt years. Luckily for them, they have you to help them out.

### HURDLES TO HEALTHY EATING

The American Academy of Pediatrics cautions against some typical teen traps and offers tips to help kids maneuver around them.


**Skipping meals.** Many teens skip breakfast altogether and settle for a soda and candy bar for lunch. To encourage better choices, keep healthy grab-and-go items on hand, such as: ✓ Yogurt. ✓ Fruit. ✓ Ingredients for easy-to-fix smoothies. ✓ Peanut butter and whole-grain bread. ✓ Breakfast bars. ✓ Nuts and raisins. ✓ Hard-boiled eggs.

**All-day snacking.** Three well-balanced meals and two hearty snacks a day can actually help teens get the nutrients they need without overeating. Keep the pantry stocked with low-fat, low-salt, low-sugar choices, such as: ✓ Graham crackers. ✓ Baked potato chips. ✓ Low-salt or no-salt pretzels. ✓ No-butter microwave popcorn. ✓ Applesauce. ✓ Frozen yogurt.

**Fast food.** If you can’t break your teen’s fast-food habit, support healthy choices by: ✓ Suggesting alternatives. Point out the better selections, such as grilled chicken sandwiches, burgers without cheese or small orders of fries. ✓ Encouraging balance. Pizza and burgers are OK, but suggest adding a salad or fresh fruit.

### When you need pediatric care

Watson Clinic offers comprehensive pediatric care from three convenient locations in north Lakeland, south Lakeland and Plant City.

 For more information or to schedule an appointment, call 863-680-7337 (north Pediatrics), 863-680-7190 (Plant City), or 863-647-8012 (south).

Make way  
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**JUST HOW MUCH** would you extend yourself for someone you've never met?

Quite a lot, if the person in question is your future son or daughter. Indeed, most parents-to-be make many special preparations for their baby's pending arrival, from choosing just the right name to putting fresh paint on the nursery walls.

What follows is your guide to some essential preparations that will help give your newborn a good start in life.

### Help your baby thrive

"Arguably, the most important preparation a pregnant woman can make for her baby is to take good care of herself," says **James B. Mammel, MD**, an OB/GYN at Watson Clinic's Main location. "For the nine months of pregnancy, you are your growing baby's support



• James B. Mammel, MD

system."

Now more than ever before you need to eat a well-balanced diet to fuel your baby's growth. Get plenty of sleep, keep each prenatal appointment and—unless your doctor tells you otherwise—be physically active.

Avoid anything that might harm your baby—especially alcohol, cigarettes, and any medicine or herbal supplement your doctor hasn't approved.

Following these precautions boosts your chances of a problem-free pregnancy and a healthy baby.

### Choices ahead

If you haven't already settled on a doctor for your baby, do so before your baby's due date sneaks up on you. This is the doctor who will potentially see your child through well-baby visits, first sniffles, feverish infections and—sooner than you think—adolescence. All this means you'll want to find a doctor you trust and can



● Pamela D. Schwartz, DO

easily communicate with.

One way to find such a doctor is to personally interview several physicians so that you can learn about their office policies and philosophy about child rearing.

“Also, before your baby arrives, you’ll want to decide if you’re going to breastfeed or use formula,” says **Pamela D. Schwartz, DO**, an OB/GYN at Watson Clinic’s Lakeland Highlands location. “Both ways of feeding your baby are safe and nourishing.”

Even so, the American Academy of Pediatrics (AAP) strongly encourages women to nurse their babies. A key reason is that breast milk contains disease-fighting antibodies that help babies fend off infections in the ears, lungs and

**Call 863-680-7243 to schedule an appointment with a member of Watson Clinic’s OB/GYN department.**

bowels. Compared to formula-fed babies, infants who nurse also appear to be less vulnerable to sudden infant death syndrome, the AAP reports.

Nursing is good for moms as well. Breastfeeding burns calories, so it can help you shed leftover pregnancy pounds.

“Nursing also appears to make women less susceptible to breast and ovarian cancers and hip fractures triggered by osteoporosis,” Dr. Mammel says.

Yet another bonus: Breast milk doesn’t need to be measured, mixed or warmed. It makes your life easier, especially in the middle of the night, when your newborn will almost certainly want to be fed.

These and other advantages are why nursing your baby throughout the first year of life is ideal, according to the AAP. Still, any amount of time you breastfeed will benefit you both.

Something else to think about during pregnancy: whether to have a baby boy circumcised. At birth, most boys have skin that either nearly or completely covers the

end of the penis. Circumcision removes some of this foreskin.

You may already know that you favor circumcision for religious reasons. Otherwise, you may be uncertain about the merits of the procedure. The AAP neither advocates nor advises against routine circumcision. Ask your doctor about potential medical benefits and risks.

### Know the signs

Not all babies arrive when expected—that is, on their due dates. Thus, being ready for your baby also means knowing when your baby is finally ready to meet you.

According to Dr. Schwartz, Dr. Mammel and other experts, among the tip-offs that labor is either near or actually starting are:

**Lightening.** This is the feeling you may notice when the baby’s head moves down into your pelvis. Expect this sensation of dropping anytime from a few hours to a few weeks before labor begins.

**An increase in vaginal discharge.** This discharge may be clear, pink or slightly bloody.

**Membrane rupture.** At the start of labor or during labor itself, the fluid-filled amniotic sac that surrounds a baby during pregnancy breaks. Fluid then leaks from the vagina, in either a trickle or a gush.

**Contractions.** Ones that occur at regular intervals, get steadily stronger and keep occurring despite movement generally indicate true labor.

“Childbirth education classes can teach you much more about labor and delivery and can also provide practical ways to manage labor pain,” Dr. Schwartz says.

### Welcome, Baby

You’re about to meet someone who will change your life—completely and wonderfully. Every preparation you make will help ensure a smooth welcome for your baby.

**DAD-IN-WAITING** If you’re a dad-to-be, don’t retreat to the sidelines. Support your partner in ways such as these:

- ✓ Encourage her to eat a healthy diet.
  - ✓ Help her to get plenty of sleep.
  - ✓ Encourage her to exercise (unless her doctor says otherwise).
  - ✓ Accompany her on pregnancy checkups.
- Also, if you’re a smoker, you should stop lighting up. The secondhand smoke from your cigarettes is harmful to your developing baby.

March of Dimes





# NO NEED TO SHO rotator



• Prashant J. Desai, DO

**IF YOU TWIST** and pull on a rope for 50 years, it's bound to get a little frayed. It might even tear.

"Your shoulder's rotator cuff is a lot like that rope—which helps explain why rotator cuff tears are a common cause of pain and disability in older people," says **Prashant J. Desai**,

**DO**, an orthopaedic surgeon and sports medicine specialist with Watson Clinic. "Rotator cuffs can come apart in younger people too, in the snap of a sudden injury."

Surgery can repair a ripped cuff, but not every tear needs repair. In fact, the AAOS estimates that as many as half of all cases don't require a surgical fix.

## All about the cuff

The rotator cuff is a group of four muscles and tendons that wrap around the top of the arm bone, holding its upper ball firmly in the shoulder joint's socket.

The four muscles of the cuff arise from the back wing bone, or scapula, and then merge to form one tendon unit that attaches around the ball. With the help of the cuff, you're able to lift and rotate your arm in a wide range of motions.

The rotator cuff can be torn in one injury, such as in a fall or an extreme overhead reach. You may feel a sudden snapping sensation, says Dr. Desai, followed by pain and an inability to lift your arm over your head.

Or the injury may develop gradually over the years, with a slow progression of symptoms. These may include:

- Thinning or atrophy of muscles in your shoulder.
- Pain when lifting or lowering your arm from a

# UNDER THE PAIN

# cuff tear

fully raised position.

- Weakness when rotating or lifting your arm.
- A crackling sensation when moving your shoulder.

At first, the pain may be mild and occur only with movement. But, over time, your shoulder may hurt even when you're not moving it.



● Marc A. Volpe, MD

## Treating a tear

“Many things can cause shoulder pain—it’s not always a rotator cuff tear,” says **Marc A. Volpe, MD**, an orthopaedic surgeon and sports medicine specialist with Watson Clinic.

To diagnose a rotator cuff tear, your doctor will review your symptoms and examine your shoulder. Sometimes x-rays or a magnetic resonance image (MRI) can provide valuable additional information.

An MRI scan can help pinpoint the size and location of a tear. It also can tell your doctor whether the tear is acute (sudden) or chronic (long-standing). All of that information will help steer discussions on how to treat it.

“If the tear is small or is the result of normal use, nonsurgical treatments may work just fine,” Dr. Volpe says. “They won’t heal the tear, but they may relieve your symptoms

well enough that you can carry on with your daily activities.”

Nonsurgical treatments may include:

- Rest and limited overhead activity.
- Temporary use of an arm sling.
- Medication to reduce inflammation.
- Physical therapy and strengthening exercises.

If none of these work or if the tear is acute, surgery may be the best option.

## When surgery is needed

In general, there are three types of surgery used to repair torn rotator cuffs, Dr. Desai says. Some can be done without an overnight hospital stay.

**Open repair.** This traditional technique uses a large incision to open the shoulder area. Sometimes the deltoid muscle, which covers the shoulder joint, is detached for easier access.

**Mini-open repair.** This surgery is similar to an open repair except that smaller incisions are made and the deltoid is often disturbed less.

**All-arthroscopic repair.** Small instruments and a lighted scope are inserted through tiny incisions. The surgeon works while viewing the area on a monitor.

The key is to thoroughly discuss the risks and benefits of each option with your doctor, he says.

## Rehab after repair

After surgical repair of your rotator cuff, your shoulder needs rest and relaxation to heal. So you’ll want to let your arm lounge in a sling for four to six weeks.

But then it’ll be time to get your shoulder moving again, and you can expect your doctor to refer you to a rehabilitation program.

You’ll likely start slowly, giving your shoulder a passive workout (where gravity, a therapist or a machine moves your shoulder for you). Gradually, however, you’ll progress to a more active (using your own shoulder muscles) stretching and strengthening routine, according to the American Academy of Orthopaedic Surgeons (AAOS).

Your formal rehab program may last several months. If you want to keep your shoulder in the best possible shape, however, you’ll need to turn the exercises you learn into a lifelong habit.

In fact, it’s No. 3 on the list of four important steps for a successful recovery from rotator cuff repair:

- 1 Enroll in a rehabilitation program.
- 2 Follow through with the program as directed.
- 3 Incorporate the exercises into your regular routine.
- 4 Avoid heavy lifting and extreme movements, which could lead to re-injury.

Repaired rotator cuffs can tear again. It’s more likely to happen when the first tear was chronic—caused by years of degeneration—as opposed to an acute, or sudden, tear.

One of the advantages of going through rehab is that you may have a better chance of maximizing your function and minimizing your risk of recurrent pain or problems.

## Get moving!

Appointments are available with physician referral to Watson Clinic’s Center for Rehabilitative Medicine.

 Call 863-680-7700.

Watson Clinic also offers joint replacement and resurfacing procedures, arthroscopic surgery, ligament reconstruction, cartilage injury surgery and more. Call 863-680-7214 to schedule an appointment.

# 5 things YOU should know

## When to see your doctor

Many people with colorectal cancer have no symptoms, especially early in the course of the disease. So regular screening is key for finding cancer before it spreads.

But if you have any of these symptoms, see your doctor right away:

- ✓ A change in bowel habits, such as constipation or diarrhea that lasts more than a few days.
- ✓ Rectal bleeding, dark stools or blood in the stools.
- ✓ Stools that look narrower or thinner than normal.
- ✓ Discomfort in the abdomen, including frequent gas pains, bloating, fullness and cramps.
- ✓ Weight loss for no known reason.
- ✓ Weakness and fatigue.
- ✓ Unexplained iron-deficiency anemia.

Many things can cause these symptoms, so see your doctor for a prompt evaluation.

American Cancer Society

A COLONOSCOPY is one of the best tests for the early detection of colorectal cancer, which kills more than 50,000 people in the U.S. each year. But misinformation about the test and the cancer abound, keeping people from getting screened on time.

Here are five things to know:

### 1 Colorectal cancer can, in many cases, be prevented.

“The cancer almost always starts with a small, precancerous growth called a polyp,” says



• Victor C. Nwakakwa, MD

**Victor C. Nwakakwa, MD**, a Watson Clinic gastroenterologist.

“Polyps can be found only with certain tests, such as a colonoscopy or a flexible sigmoidoscopy. If the polyp is found early, doctors can remove it before it develops into cancer.”

Researchers also have found that a healthy lifestyle lowers the risk of colorectal cancer. Aim to: → Get to and stay at a healthy weight. → Keep physically active. → Avoid alcohol. → Eat plenty of fruits, vegetables and whole grains. → Eat only small amounts of red or processed meat.

### 2 Colorectal cancer is not always deadly.

“More than 90 percent of people whose colorectal cancers are found early can be treated and cured” says Dr. Nwakakwa.

“But many people wait to see a doctor until they have symptoms of the disease. Often, the cancer has already spread.”

### 3 Colorectal cancer is an equal-opportunity disease.

It affects men and women of all races. The most important risk factor, however, is age. More than 90 percent of colorectal cancer cases are in people 50 and older, according to the American Cancer Society (ACS).

### 4 Screening is important—even if you eat well, exercise and feel fine.

“Often, there are no symptoms until the cancer has spread,” says **Joffre R. Rivera, MD**, a Watson Clinic gastroenterologist. “And while diet and exercise lower your risk, they aren’t a guarantee against the disease.”

Screening is recommended even for people without symptoms or risk factors. The ACS recommends that most people be screened for colorectal cancer starting at age 50. Some people who are at particularly high risk for the disease may need to start screening at an earlier age.

Many insurance policies cover the cost of screening for people 50 and older. Medicare covers the test too.

### 5 Colonoscopy generally is not painful.

Most people don’t remember the procedure because they’re given medicine to sleep through the exam.

So talk with your doctor about when you should be screened. This is one test that could save your life.



• Joffre R. Rivera, MD

Watson Clinic’s gastroenterology team consists of five board-certified physicians: Joseph S. Cody, MD; Victor C. Nwakakwa, MD; Ugo C. Nzeako, MD, MPH; Joffre R. Rivera, MD; and Louis S. Saco, MD, FACP, MBA. To make an appointment with a member of the gastroenterology team, call 863-680-7490.

## PROSTATE CANCER

# Should you have a PSA test?

IT'S A QUESTION many men have: Should I be screened for prostate cancer?

There's never been a simple answer to that question, and some conflicting results from two major studies may have confused men about the benefits of using the prostate-specific antigen (PSA) test for screening.

If you're one of those men, you should know this: The PSA test is still a viable option if you want to be screened for prostate cancer—but only after you have carefully weighed the pros and cons of the test with your doctor, according to the American Cancer Society (ACS).

### What to consider

The ACS strongly advises men to learn as much as they can about prostate cancer and the PSA test before deciding whether to be screened. That's because finding and treating prostate cancer early isn't always a clear-cut choice, as it can be with some other cancers, according to experts from the ACS.

**Call 863-680-7300 to schedule an appointment with a member of Watson Clinic's urology team.**

Here's why: Not all prostate cancers are aggressive. In fact, many are so slow-growing that they never become a serious threat to a man's health or affect how long he lives, reports the Centers for Disease Control and Prevention.

"The problem with screening is that it may lead to treating some of these slow-growing cancers that, if left alone, might never pose a problem," says **Jens C. Carlsen, DO**, a Watson Clinic urologist.



• Jens C. Carlsen, DO

"And treatment for prostate cancer is not without risk—it can have significant urinary tract and sexual side effects."

Yet prostate cancer is the second leading cause of cancer deaths in American men. (Lung cancer is No. 1.) And prostate cancer death rates have fallen since PSA testing became common, though for reasons that are still unclear.

### It's your choice

"Deciding whether to be screened is a personal decision—one you need to make with input from your doctor," Dr. Carlsen says.

The ACS recommends that men start having discussions with their doctor about screening at:

- Age 50 for men at average risk of prostate cancer.
- Age 45 for men at high risk of the disease—African Americans or those with a father, brother or son who was diagnosed with prostate cancer before age 65.
- Age 40 for men at very high risk due to family history—those with multiple family members affected by the disease before age 65.



### PROS AND CONS

"Men should educate themselves as much as possible about the benefits and limitations of prostate screening," says Durado Brooks, MD, director of prostate and colorectal cancers for the American Cancer Society. "They should also take into account their family health history and their personal health status and weigh all of their information to make a decision that feels right for them."



## What is breast reconstruction?



● Faeza R. Kazmier, MD

Losing a breast to cancer can be difficult to live with. But breast reconstruction may restore some of what is lost.

“The surgery can create a breast in the approximate size, shape and appearance of the breast that was

removed,” says **Faeza R. Kazmier, MD**, a plastic and reconstructive surgeon at the Watson Clinic Women’s Center. “It’s often done at the same time as a mastectomy, but it can also be done later. It typically takes several procedures before the reconstruction is complete.”

There are several ways to rebuild the breast. Sometimes an implant is used. Other times, a woman’s own tissues can be used to reconstruct the breast.

“Undergoing breast reconstruction can help many women regain confidence and self-esteem,” says Dr. Kazmier. “Most women who have had a breast removed because of cancer are candidates for the procedure, but it depends on factors such as your overall health.”

Talk to your doctor about the benefits and risks and whether reconstruction is right for you.

American Society of Plastic Surgeons

# A special kind of surgery

**WHETHER THE CHANGES** wrought are subtle or dramatic, plastic and reconstructive surgery can alter—even save—a person’s life.

That’s because these procedures aren’t just about improving physical appearance, although that may be part of the equation. Often, the more important benefits are good health, restored function and a better quality of life.

Such surgeries cover a wide range of procedures for issues caused by:  
 → Trauma. → Infection. → Birth defects. → Developmental abnormalities. → Disease.

Plastic and reconstructive surgeries include a wide range of procedures. Here are a few examples.

**Breast reconstruction.** After losing a breast to cancer, many women choose to undergo breast reconstruction. This process forms a new breast shape, which can make a woman feel more confident. It also eliminates the need to wear a prosthetic form for a symmetrical look under clothing.

**Cleft lip and cleft palate repairs.** These birth defects are among the most

common in North America, notes the American Society of Plastic Surgeons. A cleft lip results when the upper lip doesn’t form properly in the womb. Similarly, a cleft palate involves the roof of the mouth. They can occur separately or together.

Surgery can correct both of these problems—and can make all the difference in a child’s being able to eat, breathe and talk normally.

**Skin cancer treatment.** Plastic surgery can even save a life—especially if skin cancer is involved. In that case, the aim of the procedure is twofold: to completely remove the cancer and to minimize scarring or disfigurement.

**Scar revision.** While a scar can never be completely erased, surgery or other treatments can improve scars that affect movement or are painful or disfiguring.

## Meet the experts

Watson Clinic offers a team of plastic surgeons who specialize in a diverse range of procedures for the face and body.

### PLASTIC SURGERY:

✓ **J. Scott Ferguson, DO**

Appointments: 863-904-6238

✓ **Faeza R. Kazmier, MD**

Appointments: 863-680-7676



## DIABETES

Just get the news?

# Start here



● Sharareh Mazaheri, MD

**IF YOU'VE JUST LEARNED** you have type 2 diabetes, it's normal to have mixed emotions. You may feel angry about having the disease. You may feel relieved to have a diagnosis—and a plan. You might also think, “Why me?”

Having diabetes isn't your fault. The disease results from a complicated interplay between genetics and lifestyle. “We don't fully understand why some people

get it and others don't,” says **Sharareh Mazaheri, MD**, a family medicine physician at Watson Clinic's Main location. “But we do know that there are ways to reduce the risk of the serious complications associated with diabetes.”

So, now that diabetes has been diagnosed, it's time to look forward. Ask yourself: What can I do now to control this disease?

According to the American Diabetes Association, you should:

**Create a meal plan—and stick to it.** “Your doctor or a dietitian will help you adjust your diet to meet your blood sugar goals,” says **Maha A. Jalab, MD**, an internal medicine specialist at Watson Clinic South.

You can probably expect to:

- Count carbohydrates, which raise blood sugar the most.
- Get more fiber, which can be found in fruits, vegetables, beans and whole grains. Eat less salt and saturated fats.

**Exercise most days of the week.**

“Physical activity helps keep your blood sugar and blood pressure under



● Maha A. Jalab, MD

### CONVENIENT DIABETES CARE

Watson Clinic offers expert primary care services from seven convenient locations. Working with our endocrinology team, these specialists can provide valuable services related to diabetes prevention, education and treatment. Visit [www.WatsonClinic.com](http://www.WatsonClinic.com) for a complete list of physicians and locations.

control—and it even helps insulin work better. It's also a great way to relieve stress,” Dr. Jalab says.

Try to work up to at least 30 minutes of aerobic activity a day, five days a week. And aim to do some strength training and stretching too. Work with your doctor to create an exercise plan that suits you.

**Know your blood glucose level.** “Medications, a healthy diet and regular exercise can help control your blood sugar,” Dr. Jalab says. “But you need feedback to make sure these interventions are working. That's why it's important to monitor your blood sugar as directed by your doctor.”

He or she will help you determine your target glucose level and how often you should check your blood. Many people test several times a day. Record the results to share with your doctor. You should also have an A1C test at least twice a year. It tests average blood glucose levels over time.

“Managing blood sugar isn't always easy, but it's worth it,” says Dr. Mazaheri. “If you stick with it, you'll have more energy, feel less tired and avoid many of the health problems associated with uncontrolled diabetes.”

For more information or to sign up for our diabetes education classes, please consult your Watson Clinic primary care provider or endocrinologist.

## REACH US

### Watson Clinic Locations

|  |              |
|--|--------------|
| Bartow                                     | 863-533-7151 |
| Behavioral Health at Edgewood              | 863-668-3465 |
| Bella Vista Building                       | 863-904-6200 |
| Center for Cancer Care & Research—Bartow   | 863-519-7005 |
| Center for Cancer Care & Research—Lakeland | 863-680-7780 |
| Center for Rehabilitative Medicine         | 863-680-7700 |
| Dermatology at Sun City Center             | 813-633-6121 |
| Dermatology at Zephyrhills                 | 813-788-7867 |
| Kidney Center                              | 863-680-7560 |
| LabCare Xpress at Merchants Walk           | 863-680-7190 |
| Lakeland Highlands                         | 863-647-2313 |
| Main Clinic                                | 863-680-7000 |
| North Pediatrics                           | 863-680-7337 |
| Plant City                                 | 813-719-2500 |
| South                                      | 863-647-8011 |
| Women's Center                             | 863-680-7556 |
| XpressCare at Lakeland Highlands           | 863-393-9472 |
| XpressCare at Merchants Walk               | 863-904-6222 |
| Health Scene                               | 863-904-4653 |
| The Watson Clinic Foundation               | 863-802-6220 |

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# Welcome, new physicians

**WATSON CLINIC** is proud of the high standards of recruitment for our physicians. Please welcome these physicians to the clinic and our community.



### James M. Belarmino, MD UROLOGY

**Medical school:** Loyola University/ Stritch School of Medicine, Chicago, Ill.  
**Internship and residency:** General surgery, Loyola University, Chicago, Ill.; Pinnacle Health Harrisburg

Hospital, Harrisburg, Pa.; urology, Albany Medical Center, Albany, N.Y.

**Board certification:** Urology

**Location:** Watson Clinic Main

**Appointments:** 863-680-7300



### Joel M. Chang, MD ANESTHESIOLOGY

**Medical school:** Temple University School of Medicine, Philadelphia, Pa.  
**Internship and residency:** Anesthesiology, Vanderbilt University,

Nashville, Tenn.

**Location:** Lakeland Regional Medical Center; Lakeland Surgical & Diagnostic Center



### Roman Gimpelevich, MD PULMONOLOGY

**Medical school:** Rush Medical College, Chicago, Ill.

**Internship and residency:** Internal medicine, Rush University Medical Center, Chicago, Ill.

**Fellowship:** Pulmonary and critical care, University of South Florida, Tampa, Fla.

**Board certification:** Internal medicine and pulmonary diseases

**Location:** Lakeland Regional Medical Center; Watson Clinic Main

**Appointments:** 863-680-7190



### Peter J. McDonnell, MD VASCULAR SURGERY

**Medical School:** Rosalind Franklin University/Chicago Medical School, North Chicago, Ill.

**Internship:** General surgery, Chicago Medical School, North Chicago, Ill.

**Residency:** General surgery, Providence Hospital, Southfield, Mich.

**Fellowship:** Vascular surgery, Cleveland Clinic, Cleveland, Ohio; endovascular surgery, Cook County Hospital, Chicago, Ill.

**Board certification:** General surgery and vascular surgery

**Location:** Watson Clinic Main

**Appointments:** 863-680-7490

For more information, visit [www.WatsonClinic.com/physician-search](http://www.WatsonClinic.com/physician-search).