



Verde Valley Medical Center
Northern Arizona Healthcare

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Wellness

THE HEALTHCARE MAGAZINE FOR VERDE VALLEY MEDICAL CENTER

TODAY

A photograph of Chuck Mabery, a man wearing a cowboy hat, a red and blue striped shirt, and blue jeans, leaning on a metal railing outdoors. He is smiling and looking towards the camera. The background consists of green trees and a clear sky.

Chuck Mabery
"Mr. Cottonwood"
**Back in Show
Business**

**Don't Ignore
These Pains**

**Better Health
for Men**

**Radiation Therapy
Takes Sharper Focus**



Don't Put These Pains on the Back Burner

While many individuals may be tempted to take an aspirin at the first sign of any pain, it is important to remember that some pains can be indicators of more serious problems. The following are six pains you should not ignore:



Glenn Lipton, M.D.,
interventional pain
management specialist

■ **Worst headache of your life**—Seek medical attention if your headache is worse than any you've ever experienced or is localized to one side of your head, as this could be a sign of stroke or aneurysm.

■ **Unusual pain or discomfort in the chest, throat, jaw, shoulder, arm or abdomen**—While chest pain is the most common symptom of heart attack, these too can be indicators of a serious cardiac event.

■ **Pain in lower back or between the shoulder blades**—Most often such pain is due to arthritis, but a nagging or sudden pain could indicate more serious problems, including aortic dissection—a progressive tearing of the aorta.

■ **Severe abdominal pain**—For those who still have their appendix, pain in the center or lower right side of the abdomen may indicate the appendix has ruptured.

■ **Calf pain**—Deep vein thrombosis (DVT) is a common problem that can cause blood clots to form in the veins, particularly in the legs. Frequent travelers are especially at risk, as clots more easily form due to lack of movement. If you are traveling by car or plane, get up and walk around often.

■ **Burning feeling in the feet or legs**—Nearly one-third of the 20 million American sufferers of diabetes are undiagnosed. Peripheral neuropathy can be one of the first signs.

“Anyone experiencing unusual pain should talk to his or her primary care physician,” said Glenn Lipton, M.D., interventional pain management specialist on the Medical Staff at VVMC. “Even small pains can have a greater underlying cause. Actually treating the cause of someone’s pain rather than just masking it with medication may be a better alternative for the patient.”



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Photos courtesy of Benjemax Photo Studio and Janise Witt

Two Physicians, One Goal



John Schor, M.D.,
VVMC



Steven Peterson, M.D.,
FMC

Cottonwood resident Russell Wagner had no way of knowing his back pain would mark the beginning of a collaborative effort between surgeons at Verde Valley Medical Center and Flagstaff Medical Center, medical facilities that provide care to patients throughout Central and Northern Arizona.

Russell Wagner, 65, recently underwent surgery at VVMC for an abdominal aortic aneurysm (AAA). Cardiovascular surgeons John Schor, M.D., VVMC, and Steven Peterson, M.D., FMC, joined forces in the operating room to treat Russell's aneurysm through a minimally invasive technique known as endovascular stent graft repair.

Both surgeons celebrate their collaboration on this case and note it is the beginning of a regional approach to caring for cardiovascular surgical patients.

"While we are both cardiovascular surgeons, each of us has a different primary focus right now," Dr. Schor said. "Dr. Peterson primarily performs heart surgery, and my primary focus is vascular work, including abdominal aortic aneurysm surgery using the endovascular stent graft technique. Mr. Wagner's case presented a good opportunity for us to work together because he had not only an aneurysm, but severe coronary artery disease as well."

After Dr. Peterson coordinated Russell's care for the coronary artery disease, which included cardiac bypass surgery and a follow-up cardiac catheterization by VVMC interventional cardiologist Samuel Butman, M.D., Russell was ready for surgery to repair his aneurysm.

How It's Done

Endovascular aneurysm repair is performed by inserting catheters through two, one-inch incisions in the groin, and guiding a tiny fabric and metal tube, called an endovascular stent graft, through the blood vessels to the site of the aneurysm. It is a minimally invasive technique used to treat AAA.

The aorta is the largest artery in the body, running from the heart to just below the navel. Surgical treatment for the condition can take two forms: 1) open abdominal surgery, which requires a large abdominal incision and a one- to two-month recovery or 2) endovascular repair, which allows patients to go home the next day and back to work in a week.

With Dr. Schor leading and Dr. Peterson assisting, the endovascular repair went very well. Russell is back to enjoying life and participating in VVMC's cardiac rehab program.

A Job Well Done

Dr. Peterson is pleased with the beginning of this collaboration with Dr. Schor.

"As physicians, there always is something we can learn from each other and something we can teach each other," said Dr. Peterson. "A regional collaborative effort will help ensure we're providing the best possible care for cardiovascular surgery patients in Central and Northern Arizona within their own home base. When physicians work closely together, patients benefit."

Abdominal aortic aneurysms are not as commonly known as other life-threatening medical conditions, but physicians diagnose approximately 200,000 people with AAA annually in the U.S., and 15,000 people die as a result of this silent killer.

More About the Physicians

Prior to joining VVMC in 2006, John Schor, M.D., practiced cardiovascular surgery in Miami, Fla. During his 12 years of practice there, he was a voluntary professor of Cardiovascular Surgery at the University of Miami and helped train practicing cardiovascular surgeons.

Prior to joining FMC in 2006, Steven Peterson, M.D., was a surgeon and chairman of the Cardiac, Thoracic and Vascular Surgery department at the Deaconess Billings Clinic in Billings, Mont.



Eighty-one-year-old Chuck Mabery, fondly known in the Verde Valley as “Mr. Cottonwood,” had never been seriously ill a day in his life. However, all that changed one evening in spring 2008 with what Chuck thought was a simple backache.

On With the Show



▲ Chuck has a lot to smile about these days.

Every Wednesday through Saturday, you can find this Cottonwood resident performing with his band—the Blazin’ M Cowboys—at Cottonwood’s No. 1 tourist attraction, the Blazin’ M Ranch, which Chuck and his family own. As lead singer and emcee, Chuck is out there entertaining the crowd with his cultivating charisma and authentic, foot-stompin’ Old West-style country music.

“Every night when I take the stage, it’s as if it’s my first time,” said Chuck. “Ever since I won the amateur singer radio contest as a teenager, I have been singing and performing. I love it. It’s my life.”

Unfortunately, Chuck’s love of performing was suddenly placed on hold.

Without Warning

Late one evening, Chuck began experiencing back pain, which he thought would go away with time and rest. However, the pain never ceased. Finally, at 3 a.m. when Chuck awoke experiencing the worst back pain of his life, he finally got up and decided it was time to get to the VVMC Emergency department (ED).

“When I arrived at VVMC, the ED medical staff was so attentive and thorough as they did my assessment. After performing a CT (computed tomography) scan, it was determined I had a five-centimeter abdominal aortic aneurysm pushing into my back, causing me pain,” said Chuck. “I thought I had strained my back or had another back injury—I never imagined I had an aneurysm. This was serious.”

The heart pumps blood into a large artery called the aorta, which branches into two smaller arteries in the abdomen. An abdominal aortic aneurysm (AAA) occurs when pressure from blood causes a weakened area in the abdominal artery to expand. It is extremely dangerous because it can rupture, with fatal complications. Although statistics show 80 to 90 percent of ruptured aneurysms result in death, when the aneurysm is repaired through elective surgery, the survival rate is 95 percent.

Another Complication

As Chuck was immediately rushed to be stabilized, VVMC Medical Staff physicians John Schor, M.D., thoracic and cardiovascular surgeon, and Bruce Peek, M.D., interventional cardiologist, worked together to establish a treatment plan for Chuck.



◀ Chuck playing old favorites on the harmonica.

Do You Know Your Risks?

Approximately 7 percent of people in the United States over age 60 have experienced an abdominal aortic aneurysm.

The following is a list of risk factors for abdominal aortic aneurysms:

- ✓ age
- ✓ family history, especially in men
- ✓ high blood pressure
- ✓ hypertension
- ✓ previous cardiovascular disease
- ✓ tobacco use
- ✓ excessive weight

“Regular exercise, cessation of smoking and eating a healthy diet can help lower your risks of developing aneurysms,” said John Schor, M.D., thoracic and cardiovascular surgeon on the Medical Staff at Verde Valley Medical Center. “Talk to your primary care physician about your risks, and call 9-1-1 immediately if you feel you are experiencing an aneurysm.”

“The arrangement was for Dr. Peek to first take Chuck for a cardiac catheterization in the morning, to determine his heart was strong enough for the aneurysm surgery. I would then take him to surgery for his aneurysm, which was about to rupture,” said Dr. Schor. “However, when Dr. Peek began assessing Chuck’s condition, this plan had to change quickly.”

Dr. Peek discovered a critical blockage in Chuck’s right coronary artery, which he corrected by inserting a stent to open the artery and re-established healthy blood flow to Chuck’s heart.

“His right coronary artery was 95 percent blocked,” said Dr. Schor. “If he had not undergone the cardiac catheterization procedure, Chuck would have had a massive heart attack after the aneurysm surgery or perhaps even during the surgery. Fortunately, teamwork at VVMC saved his life.”

Out With the Old, In With the New

After the stent repair ensured Chuck could safely undergo surgery to repair the aneurysm, Dr. Schor utilized a minimally invasive repair technique that allowed Chuck to go home the next day.

“The older, traditional way of repairing AAAs requires patients to stay in the hospital for at least a week, and they cannot return to normal

activities for about two months,” said Dr. Schor. “This new technique of using smaller incisions and instruments is dramatically better, especially for older patients, who may not recover as quickly. With this approach, Chuck could return to his love of performing at the Blazin’ M Ranch quicker.”

That’s Show Business

After three weeks, Chuck was back to performing with the Blazin’ M Cowboys. Of course, if it were up to him, Chuck would have been back the next day.

“I was feeling well almost immediately and ready to go back to work,” said Chuck. “However, I am glad I followed the advice of my physicians and family and rested.”

For now, Chuck is back to show business and attends the VVMC cardiac rehabilitation program three times a week for hour-long sessions.

“I like going, and every time I do, I feel stronger than ever,” said Chuck.

As for the care he received, Chuck says he would recommend VVMC to anyone.

“The community can count on a wonderful, compassionate and knowledgeable Medical Staff at VVMC,” said Chuck. “We are very fortunate to have this caliber of care and professionals right here in Cottonwood.”

For more information on cardiac care at VVMC, please visit www.VerdeValleyMedicalCenter.com.





Better Health for Men

Begins With a Visit to the Doctor's Office

When it comes to men's health, certain sobering statistics can't be ignored—including the fact that males experience higher rates of the top 10 causes of death than females. Many of these diseases are preventable through regular checkups, yet, according to the Centers for Disease Control and Prevention (CDC), men are 33 percent less likely than women to visit a doctor. Men, it's time to take charge of your health.

Healthy living begins with yearly screenings, monthly exams and paying attention to pain and changes in the body. One preventable health threat men should especially be aware of is prostate cancer risk.

Prostate cancer is the most common type of cancer found in American men, and will affect one in every six men during the course of his lifetime.

"Men often are at risk because they don't pursue early prevention or have annual screenings," said Jeff Axtell, M.Ed., director of Oncology Services at Verde Valley Medical Center. "Take the few minutes it takes to get screened for prostate cancer. It allows us to catch problems sooner and greatly improves the chances of a positive outcome. Long-term prostate cancer survival rates have increased more than 20 percent during the past 20 years. When detected early, the five-year survival rate for prostate cancer is almost 99 percent as compared to only 75 percent 20 years ago."

By age 50, men should have a yearly prostate-specific antigen blood test and a digital rectal examination. African-American men or men with a family history of prostate or colorectal cancer should begin annual screenings at 40.

In addition to regular screenings, men should see their physicians if they experience any of the following symptoms:

- painful or burning urination
- a constant need to urinate, especially at night
- difficulty having an erection and painful ejaculation
- blood in semen or urine

Treatment Is Available

Many treatment options for prostate cancer are available, each with different associated risks and benefits.

Prostatectomy: this surgery removes the prostate gland and sometimes parts of surrounding tissue. Minimally invasive techniques such as robotic prostatectomies have made the procedures less risky and less damaging to the surrounding nerves.

External beam radiation therapy: high-energy rays are used to destroy or slow the spread of cancerous cells from the outside in.

Brachytherapy: radioactive “seeds” are implanted in the prostate, allowing the cancer cells to be targeted directly and with less damage to surrounding organs and tissues.

Addressing Men’s Urology Concerns

Unusual bladder behavior such as urinating too frequently, not urinating with as strong a stream as before and getting urinary tract infections may be signs of an enlarged prostate. You should visit your primary care physician, who may refer you to a urologist.

“The most common treatments for an enlarged prostate are medications,” said Steven Kurzweil, M.D., urologist on the Medical Staff at VVMC. “Some relax the prostate to decrease resistance to urination. The patient can urinate normally again within a week. Another medication shrinks the prostate. This takes longer to have an effect, often months to a year. Very often we will combine both medications, as studies show the medications work better together than alone.”

If medications don’t solve the problem, the physician may explore surgical options. Procedures often are conducted in an outpatient setting and involve relatively short recovery times.

Visit www.VerdeValleyMedicalCenter.com to find a physician on the Medical Staff at VVMC.



Steven J. Kurzweil, M.D.,
urologist

Radiation Therapy Takes Sharper Focus

A better, more accurate radiation system has arrived at the Cancer Center of the Verde Valley Medical Center Sedona Campus. Portal Vision Imaging (PVI) allows radiation therapists and physicians to better treat cancer patients than they could when using standard radiology film.

When treating cancerous tumors, physicians attempt to maximize radiation treatment while minimizing exposure to surrounding tissues. In order to ensure they best target the tumor, imaging is used. Previously patients had to wait long periods of time for standard film images to develop, and a radiation therapist and physician had to evaluate the images for proper treatment positioning. Now, images are evaluated within seconds, and because the digital images are much clearer

than traditional film, they allow for more targeted treatments.

“By better focusing on the treatment area, an oncologist can minimize radiation exposure to the surrounding healthy tissue,” said Jeff Axtell, M.Ed., director of Oncology Services at VVMC’s Sedona Campus. “Thanks to PVI, patients are better positioned for each treatment, as finer targeting makes it easier to more aggressively radiate tumors.”

Save the Dates

Upcoming Free Joint Replacement Seminars

Revolutionizing Orthopaedics: VVMC Joint Replacement Program

“Setting the New Standard for Joint Replacement Surgery”

Friday, Aug. 15 at 3 p.m.
Village of Oak Creek Assn.
690 Bell Rock Blvd.
Sedona

Tuesday, Sept. 23 at 6 p.m.
CASA Senior Center
9360 E. Manzanita Circle
Prescott Valley

Tuesday, Oct. 7 at 6 p.m.
Stoneridge Community Assn.
1300 N. Stoneridge Dr.
Prescott Valley

Friday, Nov. 7 at 4 p.m.
Camp Verde Health Center
460 W. Finnie Flat Rd.
Camp Verde

Call 928 639-6551 to reserve a seat or for more information.

VVMC-Sedona Campus Health Fair

Saturday, November 8
VVMC-Sedona Campus
Sedona

- free event
- open to the public

Watch your local newspapers for more details.



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