



Verde Valley Medical Center  
Northern Arizona Healthcare

# Wellness

Winter | 09

THE HEALTHCARE MAGAZINE FOR VERDE VALLEY MEDICAL CENTER **TODAY**

## Is 90 the **New 60?**

Thanks to her repaired heart, Eleanor Ford thinks so.

**Meet Our New  
Medical Staff  
Members**

**Teaching Tomorrow's  
Physicians**

**Latest Technology  
for Gastrointestinal  
Services**



# Verde Valley Medical Center Welcomes New Physicians to the Medical Staff

## KENNETH BESCAK, M.D.

### Cardiology

Board Certified by the American Board of Internal Medicine and American Board of Medical Specialties (in Cardiovascular Disease)

### Medical School:

Ohio State University, Columbus, Ohio

### Internship and Residency:

Creighton University Affiliated Hospitals, Omaha, Neb.

### Fellowship:

Creighton University Affiliated Hospitals

### Professional Associations:

Fellow, American College of Cardiology and American College of Chest Physicians; Member, American College of Physicians, American Heart Association, American Echocardiographic Society, American Heart Association and Heart Failure Society of America

### Heart & Vascular Center of Northern Arizona

294 W. State Route 89A, Ste. 107  
Cottonwood, AZ 86326  
928 634-1331

### Heart & Vascular Center of Northern Arizona

460 Finnie Flat Rd.  
Camp Verde, AZ 86322  
928 634-1331

## ALICE CALHOUN, M.D.

### Pediatrics

Board Certified by the American Board of Pediatrics

### Medical School:

UCLA School of Medicine, Los Angeles

### Internship and Residency:

Stanford University School of Medicine, Palo Alto, Calif.

### Fellowships:

Stanford University School of Medicine, Palo Alto, Calif.

### Fellowship:

University of Alabama School of Medicine, Children's Hospital of Alabama, Birmingham

### Professional Associations:

Fellow, American Academy of Pediatrics; Member, American Medical Association, Society of Academic Emergency Medicine and American Public Health Association

### Red Rock Pediatrics

800 Cove Parkway  
Cottonwood, AZ 86326  
928 649-3003

In cooperation with our Board of Directors, Administration and Medical Staff, physicians who wish to join the VVMC Medical Staff pursue a rigorous credentialing process and ongoing monitoring of quality initiatives. We are pleased to have such a wide range of specialties located throughout our service area. Please view our online physician directory, which is updated on a regular basis with current information about the VVMC Medical Staff at [www.VerdeValleyMedicalCenter.com](http://www.VerdeValleyMedicalCenter.com).



Verde Valley Medical Center  
Northern Arizona Healthcare

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Photos courtesy of Jake Bacon



# Teaching Tomorrow's Physicians

In partnership with Midwestern University's Glendale campus, Verde Valley Medical Center is providing learning opportunities to third and fourth year medical students.

**"We are so pleased to be able to send**

**our** students to Verde Valley Medical Center, one of the premier hospitals in Arizona," said Howard Shulman, D.O., associate dean for Postdoctoral Education at Midwestern University, the largest medical school in the state. "We look forward to continuing and expanding our partnership into the future."

The students rotate throughout the hospital on a monthly basis, and perform histories and physicals, consultations and minor medical procedures under the direct supervision of members of the VVMC Medical Staff.

## **A Hands-on Opportunity**

Joshua Gibbons, one of the Midwestern surgical students said, "I am really enjoying my time here at VVMC. Every morning, surgeries for the day are listed, and I've been able to choose the type of surgery in which I'd like to participate. There have been cases in orthopedics and vascular—even an emergency surgery. The physicians and staff are so welcoming and helpful—this is one of the most useful, productive and positive educational experiences I've had to date."

Medical students must complete four years of undergraduate study, the first two of which are classroom-based, followed by two years of clinical study in hospitals and/or physician offices. Students choose a specialty before moving on to a residency program, which can last three to seven years, after which they are eligible to take state boards to become certified as a medical doctor (M.D.) or doctor of osteopathy (D.O.).

According to Hu A. Blake, II, M.D., chair of the department of Surgery of the VVMC Medical Staff, "When I originally was asked to be coordinator for the surgical students, it was my understanding that there occasionally would be one student rotating through. Instead, the program has taken off, and the students are here on a regular basis. They are excited, helpful, willing to take call and come in for emergencies. The students' excitement has, in turn, generated excitement among the members of the Medical Staff, who are really enjoying the chance to teach. It enhances our own capabilities and reminds us of why we decided to go into medicine. It's a win-win situation."



Joyce L. Richards, D.O. and Michael McKinney, M.D.,  
gastroenterologists on the VVMC Medical Staff

# Latest Technology for Gastrointestinal Services Now Available

While you probably do not spend a lot of time thinking about the health of your gastrointestinal tract, when you have a condition such as gallstones or a blockage in your bile duct, your body demands fast attention.

**“Many large polyps or early cancers that previously required a surgical approach now may be treated endoscopically. These improved techniques provide an alternative to surgery when lesions are identified early.”**

Michael McKinney, M.D.,  
gastroenterologist on the Medical  
Staff at Verde Valley Medical Center

**Verde Valley Medical Center’s mission** is to provide you the best in quality and care—and diagnosis and treatment of gastrointestinal (GI) tract diseases is no exception. VVMC has acquired advanced, high-definition endoscopic technology that allows physicians to view inside the GI tract and treat conditions using a minimally invasive approach. Compared to conventional systems, high-definition endoscopy provides physicians sharper images and better contrast.

“Just as high-definition resolution is the gold standard of television viewing, the newest innovation for physicians is using an endoscope paired with the super high-definition digital picture, giving us the clearest possible view of the body’s internal images,” said Michael McKinney, M.D., gastroenterologist on the Medical Staff at VVMC. “Whether physicians are performing a colonoscopy or trying to locate sources of bleeding, this technology allows us to magnify an area as small as the vascular and cellular structure. High-definition imagery is the latest advancement in medical tools and has a significant impact on the diagnosis and treatment of patients.”

### How Does It Work?

When patients have problems involving the GI tract, physicians like Dr. McKinney and Joyce L. Richards, D.O., the other gastroenterologist on VVMC’s Medical Staff, perform a minimally invasive diagnostic procedure known as

endoscopy. Endoscopic screening tests provide important information to help diagnose and treat a variety of conditions and illnesses, including ulcers, inflammation and polyps.

Endoscopy refers to the use of an instrument called an endoscope—a thin, flexible tube with a tiny video camera and light on the end. The high-quality picture from the endoscope is shown on a high-definition television monitor, providing a clear and detailed view of the digestive tract. Upper endoscopes are passed through the mouth to visualize the esophagus, stomach and upper small intestine, while lower endoscopes (colonoscopes) are passed through the rectum to view the colon, or large intestine. Other special endoscopes allow physicians to view portions of the pancreas, liver and gallbladder.



The endoscopes are capable of viewing and taking images of an organ to assist physicians in performing biopsies or retrieving foreign objects.

“Once the image is captured on the screen,

physicians can manipulate, magnify and interpret color variations of the image to provide a definitive diagnosis,” said Dr. McKinney. “Patients also benefit from the latest design of endoscopes because they are smaller in diameter, which offers greater comfort for patients.”

## An Array of Services

To treat problems involving the digestive tract and surrounding areas, physicians use advanced services, including:

**Upper GI endoscopy** can be helpful in the evaluation or diagnosis of various GI problems, including difficult or painful swallowing, pain in the stomach or abdomen, bleeding and identifying ulcers and tumors.

**Endoscopic retrograde cholangiopancreatography** (ERCP) is used primarily to diagnose and treat conditions of the bile ducts, including gallstones, inflammatory strictures (scars), leaks (from trauma and surgery), and cancer. ERCP combines the use of X-rays and endoscopy.

**Esophageal stenting** is performed on patients with obstruction of the digestive tract. The stents typically are placed in the esophagus, colon or the upper small bowel to relieve obstructions caused by cancer or allow perforations to heal without the need for surgery.

**Colonoscopy** is the best way to find colon cancer and the growths that could become cancerous. It is performed using a flexible scope, during which the physician examines the entire colon. It allows for screening, diagnosis and removal of polyps in a single visit. This simple 15 to 30 minute exam is recommended for adults 50 and older. Talk to your primary care physician about scheduling a colonoscopy—it could save your life.

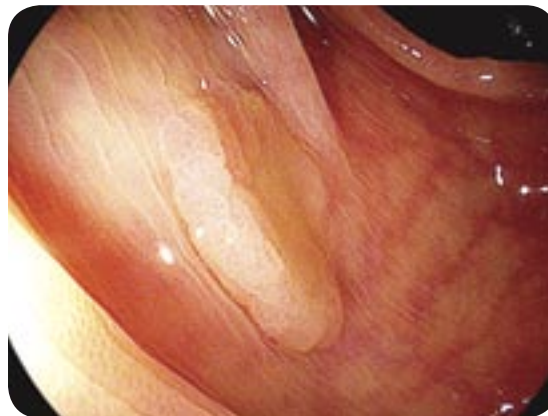
## More About Gastrointestinal Disorders

The gastrointestinal (GI) tract includes the esophagus, stomach, duodenum (the beginning of the small intestine), colon and bile duct. According to the American College of Gastroenterology, more than 95 million people in the United States have digestive disorders, resulting in more than 10 million hospitalizations each year.

Disorders can be as varied as the organs that make up the tract, but can include:

- disorders that impair GI function, such as irritable bowel disease and constipation
- disorders that affect an organ’s structure, causing the organ to work improperly, such as internal hemorrhoids or a blocked bile duct
- disorders that include the presence of cancerous polyps, such as esophageal or colon cancer

Many GI conditions can be prevented or minimized by living a healthy lifestyle and consuming high-fiber, low-fat foods



**The latest high-definition endoscopic equipment provides sharper images of the gastrointestinal tract for better diagnosis of areas of concern.**

that promote a healthy GI tract. Particularly in the cancerous conditions affecting the GI tract, screenings play a vital role in maintaining your health. Because almost all GI cancers, such as colorectal cancer, begin as noncancerous growths known as polyps, physicians at Verde Valley Medical Center can use advanced high-definition equipment to detect and remove potentially cancerous lesions.

Speak to your VVMC physician about screenings you may need to keep your GI tract healthy.

# Is 90 the New 60?



Cardiac patient Eleanor Ford gets a new lease on life.

“Keep moving, dahlings!” Eleanor Ford, world traveler, former surfer and long-time exercise instructor, gently chides her class of senior citizen movers and shakers. She leads the group through a series of Tai Chi movements and demonstrates a deep breathing technique designed to invigorate both body and mind. Teaching is important, but it’s only one aspect of 91-year old Eleanor’s busy life. She and friend Donald Lyle are making plans for an extended train trip through the northeast: “I enjoy staying active and being on the go!”

Sunshine streams through the windows of the community center where Eleanor teaches. “I’m grateful for a good life.” However, just a few months ago, the world didn’t appear quite so bright.

## A Heart in Need

“In early 2004, Eleanor came to me complaining about shortness of breath,” said Marvin Colvin, D.O., family practitioner on the Medical Staff at Verde Valley Medical Center. “That can be a sign of serious heart trouble. I referred her to Dr. Bruce Peek, VVMC interventional cardiologist, who ordered an echocardiogram.”

An echocardiogram is a diagnostic test in which ultrasound—high-frequency sound waves—are used to produce images of the chambers, valves and major blood vessels of the heart. The test showed that Eleanor had **aortic valve stenosis**.

“The aorta is the main artery that carries blood from the heart to all the blood vessels in the body,” said Dr. Peek. “Eleanor’s aortic valve was narrowing. She was out of breath because her heart wasn’t pumping enough oxygenated blood for her body’s needs. We initially treated her conservatively, by managing her symptoms with medications. However, medical management is not a cure.”

By spring 2008, Eleanor’s condition had progressed to full-blown congestive heart failure. Without surgery to replace her aortic valve, it was only a matter of months before her heart completely failed. Eleanor had a tough decision to make. Would she choose surgery—and life?

Dr. Peek referred Eleanor to Steven Peterson, M.D., the cardiothoracic surgeon on the Medical Staff at Flagstaff Medical Center. VVMC and FMC are members of Northern Arizona Healthcare, and the cardiovascular physicians from both hospitals often collaborate in patient care. During Eleanor’s appointment with Dr. Peterson, she received some good news.

“The classic way to replace the aortic valve is to first split the breast bone to completely expose the heart. However, the treatment for severe aortic stenosis is tailored to each patient,” said Dr. Peterson. “Some patients can be treated less invasively with a small incision next to the breast bone. In both procedures, the diseased or damaged aortic valve is removed, and a replacement valve is sewn in. The less-invasive procedure involves less postoperative pain, less scarring and faster recovery.”

### The Right Choice

Despite her age and valve condition, Eleanor was basically healthy. Her coronary arteries were clean of plaque, so bypass surgery was not needed. Dr. Peek and Dr. Peterson determined her to be a good candidate for the less-invasive procedure, a mini-chest thoracotomy. Just a few days later, she received her new aortic valve.

“I was never in any pain—it was remarkable!” said Eleanor. After recovering in the hospital for a few days, she was sent home and released to the care of her family doctor and cardiologist. “Dr. Peek told me, ‘I bet you’ll be back to teaching Tai Chi in four months’—and I was! I feel great!”

Today, Eleanor has normal cardiac function. She is a testament to a healthy lifestyle, determination and modern medicine. At 91, Eleanor Ford is truly “young at heart.”

**For more information on cardiology services available at VVMC, please visit the Heart & Vascular Center of Northern Arizona at [www.NAHeartcare.com](http://www.NAHeartcare.com).**



**At a recent health fair, Eleanor Ford learns about caring for her heart from Lauren Morris, Cath Lab X-Ray technologist.**

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## Aortic Valve Stenosis

The workhorse of the human body never rests. Each day, the heart beats approximately 100,000 times—and in children, with their faster heartbeat, that number can be as high as 173,000!

The left and right sides of the heart are divided by a muscular wall called the septum. The right side of the heart pumps blood to the lungs for oxygenation, and the left side pumps that blood throughout the body via the aorta, the main artery leaving the heart. The aortic valve acts as a one-way gate, opening to allow the oxygenated blood into the aorta, and closing to prevent the flow of blood back to the heart in the wrong direction.

Valve problems are not uncommon. Congenital defects, certain infections such as rheumatic fever and even the natural process of aging can cause valve disorders. “Aortic valve stenosis” is a condition in which the aortic valve becomes constricted, preventing normal blood flow. In its earliest stages, there may be no symptoms at all. Physicians who have diagnosed the problem through various tests may simply monitor the patient through routine checkups.

As the disease progresses, the heart may not be able to pump adequate blood for even the simplest activities. Individuals with this condition may suffer chronic shortness of breath, chest pain, dizziness, uneven heartbeat and palpitations. Medicines may help treat problems caused by aortic valve stenosis, but cannot cure the disease. Once symptoms develop, valve replacement surgery may help many patients have a more normal life—and a longer one.

# Save the Dates

## Physician Cardiac Seminars

Get the most current heart health information.

**Saturday, February 21**  
**Cottonwood Campus**  
**Conference Rooms B & C**  
**9 a.m. to 1 p.m.**

- Current medical information
- Free event
- Open to the public
- Light refreshments

## Upcoming Joint Replacement Seminars

**“Revolutionizing Orthopedics:  
Setting the New Standard for  
Joint Replacement Surgery”**

**Saturday, February 21**  
**Cottonwood Campus**  
**Conference Rooms B & C**  
**2 p.m.**

**Wednesday, March 11**  
**Village of Oak Creek Association**  
**690 Bell Rock Blvd. – Sedona**  
**4:30 p.m.**

Watch your local newspapers for more information. Reserve your seat by calling 928-639-6551.

