



CULPEPER REGIONAL
HEALTH SYSTEM

summer 2013

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SimplyHealth magazine

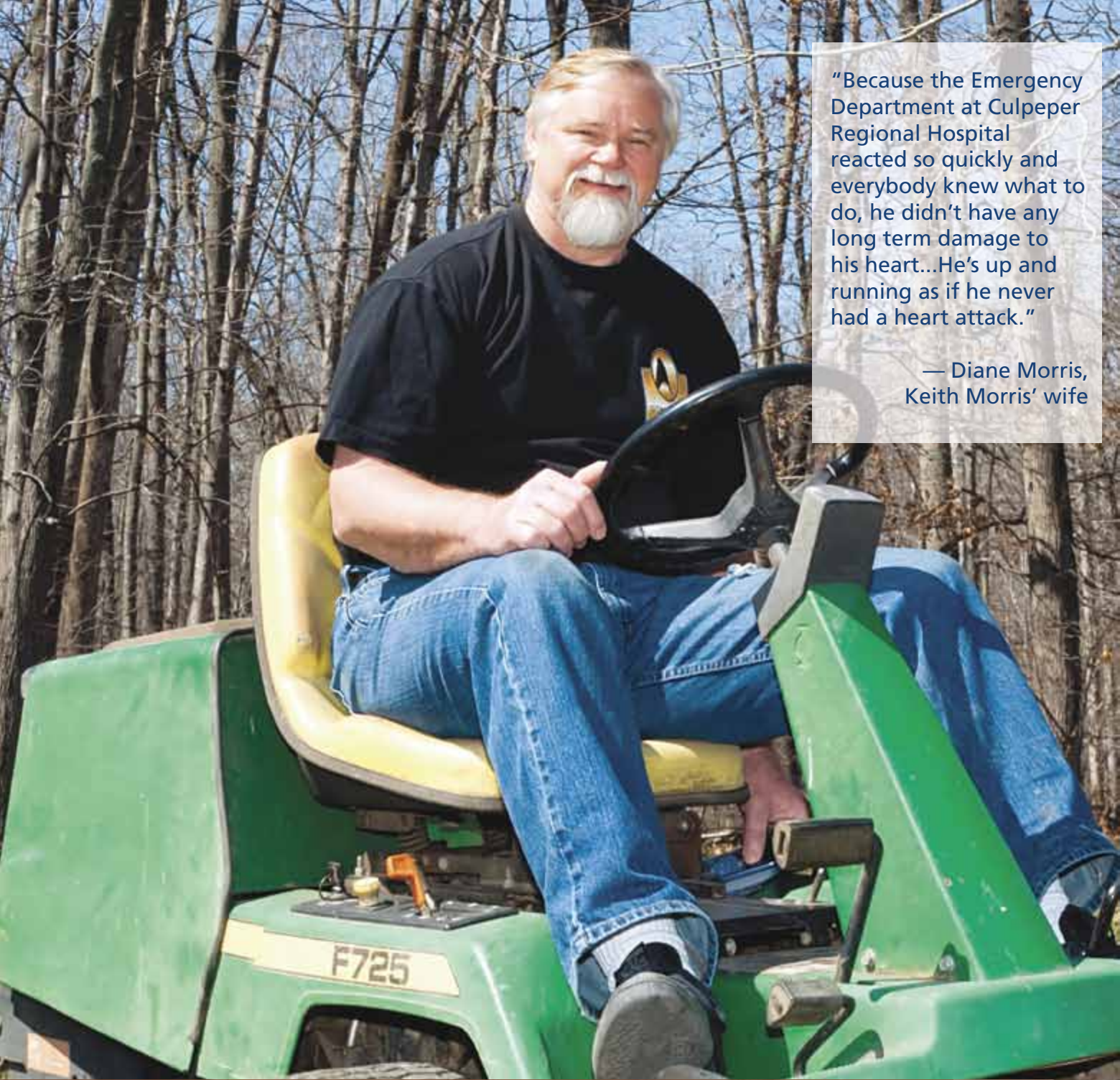
www.culpeperhealth.org



Gastroenterologists
Anne Bush, MD, and
Savita Srivastava, MD

Say yes to the test

Turn to page 4.



“Because the Emergency Department at Culpeper Regional Hospital reacted so quickly and everybody knew what to do, he didn’t have any long term damage to his heart...He’s up and running as if he never had a heart attack.”

— Diane Morris,
Keith Morris’ wife

A miracle or skilled professionals?...we say both.

One second Keith was mowing the lawn. The next he was calling 911. Luckily, he acted fast. So did we.

During a heart attack, seconds count. As time passes, more damage occurs to the heart. Teamwork between Culpeper Regional Hospital and University of Virginia Health System is ensuring that members in our community will be given exceptional care, with a seamless transition from Culpeper to Charlottesville when necessary.



Physician of the Year

Congratulations to Khalid Athar, MD, who was recently named the 2012 Physician of the Year at the Doctors' Day reception in March. Dr. Athar, an anesthesiologist, has been Medical Director of Culpeper Surgery Center since 2008 and is Medical Director of Anesthesia Services for Culpeper Regional Health System. Dr. Athar is always personable and friendly to all, demonstrates true teamwork, consistently goes above and beyond in all areas, and creates a positive atmosphere in all he does.

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Will you leave a legacy?

A planned gift to Culpeper Regional Hospital can create a naming opportunity of remembrance for a loved one and fulfill the vision of providing high-quality healthcare in your community.

For more information about gift planning with the Foundation, visit www.culpeperhealth.org/giftplanning.

SimplyHealth magazine

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SAY YES TO THE TEST

WE'VE ALL experienced the occasional stomach cramp or indigestion, but sometimes there may be a more serious problem. If you are having recurring pain or discomfort, your primary care physician may refer you to a gastroenterologist.

Gastroenterology is the study of the digestive system. It includes diseases and disorders of the gastrointestinal (GI) tract, which starts in your mouth and runs down the esophagus, all the way to your rectum.

"It's a broad field," says Anne Bush, MD, Gastroenterologist at Blue Ridge Gastroenterology. "We cover the esophagus, stomach, small bowel, colon, liver, pancreas, and rectum."

Gastroenterologists screen and treat a variety of health problems from infections and cancers to inflammatory diseases and autoimmune disorders — all within the gastrointestinal tract.

"Oftentimes a patient may go and see their internal medicine physician initially for issues such as abdominal pain, constipation, or diarrhea," says Savita Srivastava, MD, Gastroenterologist with UVA Specialty Care – Culpeper. "If this issue becomes a chronic problem, that would be a good indication to see a gastroenterologist."

However, there are exceptions to the rule. Patients experiencing more urgent issues, such as bleeding from the digestive system or blood in their stools,

may require more immediate intervention.

Lifesaving screening

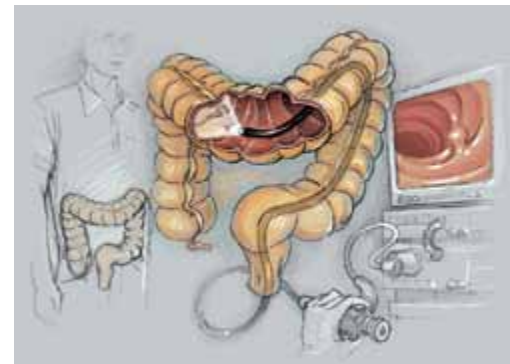
Colon cancer screening and prevention with a colonoscopy is one of the most common reasons to visit a gastroenterologist. A colonoscopy is performed while a patient is sedated, using a long tube with a camera attached to view the colon.

"The American Cancer Society recommends all patients have a colonoscopy at age 50," Dr. Bush says. "Patients should start earlier if they have a family history of colon cancer. An average-risk patient with no polyps should then be screened every 10 years. If they have polyps or a family history of colon cancer, it's as often as three to five years."

For more information about our gastroenterologists, visit our website at www.culpeperhealth.org.

During the procedure, gastroenterologists look for precancerous lesions called polyps and, if present, remove them because polyps can develop into colon cancer over the course of 10 to 15 years.

"Colon cancer is very common, but it is easily treatable and usually one of the most preventable if we remove the precancerous polyps," Dr. Bush says. "So, unlike some cancers, this screening has been shown to really improve outcomes."



While studies show early detection and screening can significantly reduce an individual's risk of dying from colorectal cancer, it is still the third leading cause of cancer-related death in both men and women in the United States, according to the American Cancer Society.

"We know that nationally only about 60 percent of patients that are screening-eligible get screened," Dr. Srivastava says. "When you think about the fact that it's a cancer that's actually preventable if you get the right screenings, we should be seeing a much higher rate of colon cancer screening."

With such staggering statistics, the federal government is focusing on increasing access to screenings. For instance, through the Affordable Care Act, private insurers and Medicare are now required to cover a screening colonoscopy at no out-of-pocket cost to the patient.

"Colon health is a national

priority, and I feel like Culpeper has made it a local priority as well by expanding services and access for the patient population,” Dr. Srivastava says.

What to expect

In addition to colonoscopies, gastroenterologists can also perform a flexible sigmoidoscopy to look at the rectum and the part of the colon attached to

it. Another test, known as an upper endoscopy, examines a patient’s esophagus, stomach, and first portion of the small intestine. It helps determine the cause of a patient’s reflux or upper abdominal pain, as well as underlying conditions for other issues, such as chronic diarrhea.

Dr. Bush and Dr. Srivastava say the majority of patients can receive these procedures in an outpatient

setting, such as the Culpeper Surgery Center, with most appointments taking only two hours total. Patients will receive detailed instructions on how to prep for the various procedures. Then on the day of the procedure, they will undergo a preoperative exam and sedation before being treated in the endoscopy lab.

Continued on page 6

Expert care, close to home

At Culpeper Regional Hospital (CRH), we partner with two excellent gastroenterologists to offer you the services and care you need.



Blue Ridge Gastroenterology
Anne Bush, MD
18484 Crossroad Parkway
Culpeper, VA 22701
540-825-4004

BLUE RIDGE GASTROENTEROLOGY

Anne Bush, MD, has been practicing gastroenterology for over 20 years and started her Culpeper practice, Blue Ridge Gastroenterology, in 2002. With an interest in preventive medicine, as well as procedural work, she says gastroenterology was the right fit for her.

Open Monday through Friday from 8:30 a.m. to 4:30 p.m., Blue Ridge Gastroenterology provides general gastroenterology services and weight management for adults. Dr. Bush’s time is usually split evenly between seeing patients in her office and performing procedures at Culpeper Surgery Center (CSC) and CRH.

Blue Ridge Gastroenterology has a small bowel endoscopic capsule to look through a patient’s small intestine and diagnose certain conditions, such as Crohn’s disease. The practice also performs various food allergy testing and hemorrhoidal banding. In addition to diagnostic services, Dr. Bush says she focuses on lifestyle changes — encouraging her patients to be proactive and lead a healthier life with better eating habits and more exercise.



UVA Specialty Care – Culpeper
Savita Srivastava, MD
541 Sunset Lane, Suite 103
Culpeper, VA 22701
540-829-1919

UVA SPECIALTY CARE – CULPEPER

Savita Srivastava, MD, one of the newest physicians to join UVA Specialty Care – Culpeper, has been in the field for eight years. She chose gastroenterology because she enjoys procedures but also wanted the strong patient-physician relationship that medicine-based care offers.

Focused on general gastroenterology, she is in the office Monday through Thursday, treating patients 18 and older. She divides her time between seeing patients at the office, seeing patients at CSC for procedures and routine colon cancer screenings, and visiting inpatients and performing procedures at CRH. Dr. Srivastava also has a special interest in various liver diseases and autoimmune diseases of the gastrointestinal tract, providing liver evaluations, and consultation.

At UVA Specialty Care – Culpeper, Dr. Srivastava says patients have the benefit of seeing a gastroenterologist locally, but if they require more subspecialized care, they also have ready access to UVA Health System’s expansive gastrointestinal faculty in Charlottesville.

SAY YES TO THE TEST

Continued from page 5

“The procedures typically take about 30 minutes,” Dr. Bush says. “Patients need a ride home, but the vast majority return to a regular diet and activities that day. At the hospital and the Surgery Center, we are very comfortable with these procedures, and a lot of personal interest is taken in every patient who comes through.”

Other conditions and treatments

Gastroenterologists diagnose and help treat many chronic conditions, such as gastroesophageal reflux syndrome (heartburn); celiac disease; diverticulosis; and inflammatory bowel disease, which includes Crohn’s disease

and ulcerative colitis. Patients will undergo various forms of treatment and monitoring, depending on the disease.

For example, individuals with inflammatory bowel disease will be treated with specialized medications to suppress their immune systems. They are closely monitored to treat their underlying conditions and symptoms, which can include abdominal pain, diarrhea, blood in the stool, and weight loss. On the other hand, patients with celiac disease — a sensitivity to gluten or wheat — can often be treated and relieved of their symptoms by altering their diet. (See page 8 for more information.)

“We’ll also see patients who have chronic abdominal pain for

which their internist could not figure out a cause,” Dr. Srivastava says. “Oftentimes it may be secondary to a condition called irritable bowel syndrome, which is chronic abdominal pain with altered bowel habits. It’s probably the most common diagnosis in a gastroenterology practice.”

In addition to seeing patients at the office, a gastroenterologist may see you in the hospital to help assist in diagnosing any pain or symptoms you have related to the digestive tract.

No matter what your issue or where you are seen, a gastroenterologist can help treat your symptoms and pains so you can get your digestive system back on track and lead a normal, active life.



IBS: Can fiber bring relief?

When you have irritable bowel syndrome (IBS), making some changes in the way you eat could help you feel better. Does that include increasing your fiber intake too?

It might help, especially if you suffer from constipation. Fiber helps food pass more easily through the digestive system. Also, it may help reduce colon spasms.

If you’re looking to add more fiber to your diet, options include whole fruits and vegetables; beans; brown rice; and whole-grain versions of bread, cereal, and pasta. Add them slowly so that your body has time to adjust. Eating too much fiber too soon can result in gas and bloating, which can trigger IBS symptoms.

Writing in a food journal may help you learn what dietary changes work best for you. A dietitian also can be a good source of advice.

Consulting a gastroenterologist is important if diet alone does not resolve the problem.

Source: National Institutes of Health

Learn more about digestive health by searching our Health Library at www.culpeperhealth.org/healthinfo.

Take Control of Diabetes

ACCORDING TO the Centers for Disease Control and Prevention, almost 18.8 million people in the United States have been diagnosed with diabetes and an additional seven million are believed to be undiagnosed. An estimated 79 million people have prediabetes with blood glucose levels in the prediabetic range — putting more Americans at risk of developing this chronic and devastating disease.

Because of these overwhelming statistics, diabetes care and education is more important than ever. Culpeper Regional Hospital (CRH) is tackling the problem head-on with a newly accredited diabetes care, self-management, and education program called *Take Control of Diabetes*, which is offered as an outpatient education program through Powell Wellness Center (PWC) Physical Therapy & Outpatient.

Coordinating the program is a team of dietitians and diabetes educators — Meador Horne, RN and Certified Diabetes Educator; Steve Gohn, CRH Food and Nutrition Services Director and Registered Dietitian; and Susan Strahan, Registered Dietitian. *Take Control of Diabetes* requires a doctor's referral, so participants will need to contact their doctor prior to signing up.

The *Take Control of Diabetes* program received official accreditation this year by the American Association of Diabetes Educators (AADE) for following the national standards for diabetes self-management education.

Take Control of Diabetes includes group classes, as well as ongoing diabetes management and support sessions. Participants learn about the disease, acute and chronic complications, medication and pharmacy information, and the benefits of exercise, as well as nutrition and food management information. In the one-on-one support sessions, participants are given pertinent new diabetes self-management information,

encouragement, and support. In addition, a local diabetes support group also meets the first Tuesday of every month at 7 p.m. at CRH and is open to all.

“Diabetes self-management education is a critical element of care for all people with diabetes and is necessary to prevent or delay the complications of the disease,” Horne says. “With most illnesses or medical conditions, the patient is given instructions and care directly from doctors, nurses, or other health professionals. But with diabetes, almost all medical care is completed by the patients themselves through their own self-care and self-management of the disease.”

According to Horne, “Having diabetes educators and diabetes care programs, such as the one we offer at CRH and PWC, is an integral part of a comprehensive diabetes care regimen.”

With diabetes becoming a national healthcare emergency, CRH is pleased to offer this new program to help inform patients on how to manage their illness, better interact with the available systems for diabetes care, and ultimately achieve the best possible outcome for their health.

If you are interested in learning more or registering for *Take Control of Diabetes*, contact Meador Horne at **540-829-8867** for program information and contact your doctor for a physician referral.



Join our diabetes support group. Find the schedule, along with other events, on our website at www.culpeperhealth.org/events.



Registered Dietitians Susan Strahan and Steve Gohn with RN and Certified Diabetes Educator Meador Horne.



Diabetes Educator and RN Meador Horne explains the A1C test that provides a three-month average for glucose levels and can be used as a measure of diabetes control and diagnosis.



Food and Nutrition Services staff member Lindsay Decker is ready to serve the gluten-free option from the pasta bar.



CELIAC DISEASE

When gluten is a problem

FROM PASTA to breads to cereals, foods made from grains are dietary staples. But for people with celiac disease, many of these foods are off-limits because they can't tolerate gluten — a protein found in wheat, rye, and barley.

An autoimmune disease

Celiac disease is a disorder in which the body's immune system reacts to gluten by attacking the lining of the small intestine. This damage keeps the body from absorbing many important nutrients.

People of any age can get celiac disease, and the tendency to develop it often runs in families. Symptoms include:

- Abdominal pain or bloating
- Diarrhea or constipation
- Extreme tiredness

- Weight loss
- An itchy skin rash
- Bone or joint pain
- Hair loss
- Lactose intolerance — a problem digesting milk products.

If you think you have celiac disease, talk to your doctor, since other conditions share similar symptoms. There are several blood tests that can help diagnose the disease. A biopsy of tissue from your small intestine can confirm it.

Avoiding gluten

If you are diagnosed with celiac disease, there is only one treatment: avoiding foods made with gluten. That requires reading food labels carefully and not eating any food that contains wheat, rye, or barley.

Gluten is also found in less obvious ingredients, such as semolina, farina, and graham flour. Gluten is even in some medicines and supplements, and it may also be in processed foods, such as:

- Soups
- Sauces
- French fries
- Soy sauce
- Hot dogs and sausage.

Fortunately, rice, corn, millet, quinoa, and many other grains contain no gluten. So you can eat foods made with those grains. And more and more gluten-free foods are available in stores and restaurants.

It's important to remember that celiac disease is a serious condition — unless you eat a gluten-free diet, you will damage your small intestine. Your doctor or a dietitian can help you stay gluten-free.


Sources: American Academy of Family Physicians; National Digestive Diseases Information Clearinghouse

Gluten-free options at CRH

Food and Nutrition Services at Culpeper Regional Hospital provides gluten-free meal options to our patients and is now offering certain gluten-free choices for visitors and staff in the dining room. For example, on days featuring the pasta bar, quinoa pasta is available along with the regular pasta choices, and when sandwich wraps are featured, gluten-free corn tortillas provide an alternative to the flour tortillas.

"We have received valuable feedback from hospital staff on nutritional requirements," says Aaron Bostian, a Food and Nutrition Services staff member. "We have also been experimenting with signage in the cafeteria to provide more nutritional information about the food we serve so visitors can make more informed choices."

The dining room currently offers a daily meal suggestion containing less than 600 calories. In addition, Bostian and his team are developing a system to provide more nutritional information so visitors can make choices based on possible allergens as well as caloric content.

 If you have comments or suggestions, contact Aaron Bostian at **540-829-4356** or **abostian@culpeperhospital.com**.

IMPROVING PATIENT CARE

Sedation, delirium, and immobility

RECENT gifts to the Nursing Excellence Fund provided funding to train Culpeper Regional Hospital's Intensive Care Unit (ICU) nurses in evidence-based best practices in sedation, delirium, and immobility. The webinar, presented by the Institute of Healthcare, involved five one-hour training sessions.

ICU nurses were trained on how to improve the patient's experience. Best practices include: monitoring sedation so patients remain aware and are capable of participating in their care and improvement, increased immobility for respiratory patients, and the importance of continuous assessment of sedation and delirium.

"We are so grateful that people in our community support Culpeper Regional Hospital (CRH)," says Beverly Garrison, ICU Department Director. "We are committed to thanking our community the best way we know how — by providing quality patient care."

Thank you for making a difference. On behalf of our patients, staff, volunteers, and physicians, we are so grateful that you chose to invest in CRH. Your gifts are making a difference every day in the lives of people in our community.



Barbara Begley, RN, reviews the Institute of Healthcare training on sedation, delirium, and immobility.



Clip and mail 

You can make a difference in our community

If you would like to make a gift to the *Nursing Excellence Fund*, or any of the other funds supporting the mission of Culpeper Regional Hospital, visit our website at www.culpeperhealth.org or please complete, cut out, and mail this reply form to:

Culpeper Regional Hospital Foundation
501 Sunset Lane,
Culpeper, VA 22701.

For more information, email foundation@culpeperhospital.com, or call Karin Butler, Administrative Assistant, at 540-829-8813.

Name: _____

Mailing address: _____

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Please accept my gift of (circle one): \$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

Enclosed is my check made payable to Culpeper Regional Hospital Foundation.

Please bill my (circle one): MasterCard Visa Discover

Name on card: _____

Card number: _____ Expiration date: _____

Signature: _____

Thank you for your donation!

Physical Therapist Caitlin Teune checks Katie Campbell as she works on balance.



HELPING

Expert rehabilitation services for children

SUMMER IS typically a time of school vacations, summer camp, and days spent playing with friends. But if your child needs special help in areas such as strength, balance, perception, or speech-language skills, physical, occupational, or speech therapy may be needed to enjoy these summer activities and activities year-round.

Culpeper Regional Hospital (CRH) offers state-of-the-art rehabilitation services in two locations — Powell Wellness Center Physical Therapy & Outpatient and Madison Physical Therapy & Rehab. Both have licensed therapists who work as a team or individually to help children and adolescents achieve developmental milestones in gross motor, fine motor, and speech-language skills.

Pediatric physical therapy

Pediatric physical therapy assists children in developing and improving the quality of gross motor skills, such as rolling, sitting, crawling, running, and jumping.

“When a child is having trouble with those big activities and overall mobility, a physical therapist helps facilitate developmental progress through a variety of activities, skills, and exercises,” says Caitlin Teune, Physical Therapist at Powell Wellness Center (PWC).

Physical therapy-related milestones for children include:

- 0 to 3 months: lifts head when on stomach and rolls from side to back
- 3 to 6 months: lifts head when lying on back, sits with support, lifts head and chest when on stomach, can get foot to mouth
- 6 to 12 months: rolls over, sits without help, walks with one or both hands held, crawls on hands and knees, pulls to stand, walks

holding on to furniture

- 12 to 24 months: stands alone, walks alone and rarely falls, crawls up several steps, squats to pick up toys from the floor without falling
- 2 to 3 years: jumps in place, runs, walks up and down stairs, kicks a ball, rides a tricycle
- 3 to 4 years: walks up stairs step-over-step, throws a ball at a target, hops forward on one foot
- 4 to 5 years: gallops, skips, hops on one foot at least ten steps, can play simple games like tag and duck-duck-goose.

To reach these milestones, physical therapists use specific activities, exercises, stretching, and games to keep kids having fun while also gaining strength, stamina, and mobility.

“If we can make the exercises a fun game or something the children consider playtime, they have a lot more success, and it’s fun at the same time,” Teune says.

Pediatric occupational therapy

Pediatric occupational therapists help children of all ages perform fine motor skills, such as grasping and manipulating, and develop hand-eye coordination. This includes tasks like using a crayon, stacking blocks, manipulating modeling clay, cutting with scissors, writing, and moving a cursor. Occupational therapy also addresses the ability to perform the general tasks of daily living, self-care, and social skills, such as getting dressed, putting on shoes and socks, and interacting with others in an age-appropriate manner.

Sadhana Kirpekar, Occupational Therapist at PWC, says, “When we can help a child advance in these areas, it gives them more

KIDS BE KIDS

self-confidence, a better sense of self-worth, and helps them improve at school.”

Occupational therapy-related milestones for children include:

- 0 to 3 months: curls fingers around yours when you rub a finger on their palm
- 3 to 6 months: shakes a rattle, reaches for a toy
- 6 to 12 months: points an index finger, makes a mark with a crayon, begins to hold blocks, or finger-feeds a cracker
- 12 to 24 months: scribbles, stacks five or six blocks
- 3 to 4 years: unbuttons medium-size buttons, puts on own socks and shoes
- 4 to 5 years: laces shoes, can copy a circle on a piece of paper
- 5 to 6 years: is able to dress self except for small buttons and bows.

Occupational therapists collaborate with parents, teachers, and caregivers to provide creative solutions.

Kirpekar says, “We design treatment programs that create a therapeutic sensory environment to help kids achieve maximum success during learning, play, and daily life.”

Pediatric speech therapy

Pediatric speech therapy is all about communication — helping children improve their ability to communicate, as well as understand what others are communicating to them. Speech-language pathologists assist with articulation, voice, stuttering, language, listening skills, oral motor, and swallowing deficits.

Speech therapy-related milestones for children include:

- 0 to 3 months: smiles when spoken to, begins cooing

- 3 to 6 months: looks toward a sound, begins babbling
- 12 to 24 months: follows two-step directions, uses two- or three-word phrases
- 3 to 4 years: asks and answers “what” and “why” questions, talks about activities
- 4 to 5 years: hears and understands most of what is said at home or school, communicates easily with children and adults
- 5 to 6 years: listens to stories and answers questions about them.

“Speech therapy helps children learn to effectively communicate, connect, and be heard. It can make a huge difference, especially in the life of a child,” says Alice Menks, Senior Speech Therapist.

Working together

There are many things a parent or caregiver can do at home to ensure a child achieves developmental milestones. This includes playing with bright colorful toys; talking face to face; listening and dancing to music; reading daily; playing on the floor and outdoors; and creating a safe area for imaginary play, where kids can explore objects of various sizes, textures, and consistencies.

If you have any concerns about your child’s developmental progress, be certain to discuss them with your healthcare provider. Working together, we achieve the best results for our children’s health.

To learn more about pediatric physical, occupational, or speech therapy, contact the Powell Wellness Center Physical Therapy & Outpatient office at **540-829-4162**, the Madison Physical Therapy & Rehab office at **540-948-3620**, or visit www.culpeperhealth.org.



● Speech Therapist Alice Menks works with Dominic John.



● Occupational Therapist Sadhana Kirpekar helps Dominic John with core and back strengthening, as well as balance.



Same-day surgical care

Culpeper Surgery Center
celebrates 10 years

THIS YEAR MARKS the 10th anniversary of Culpeper Surgery Center (CSC) providing surgical care to our community. Since performing its first case in 2003, CSC has increased its staff, physicians, and procedures to continue offering a convenient option for surgical care close to home.

As an ambulatory surgery center, CSC provides same-day surgical care as an alternative to hospital-based procedures.

“Our goal is to provide outstanding surgical care efficiently and safely,” says Yolanda Kay, Certified Administrator Surgery Center (CASC) and CSC Executive Director. “Using the new ambulatory processes and systems, we ensure patients are discharged to the comfort of their home once they are ready and recovered.”

CSC is licensed by the state, certified by Medicare, and accredited by the Accreditation Association for Ambulatory Healthcare and offers a cost-effective option for those who fit outpatient surgery criteria. Because a hospital stay is not required, the cost is generally much less. On average, patients spend only three hours at CSC, making procedures convenient and accessible.

“Once a procedure is booked, we have a very efficient system, which allows designated staff to start work on optimizing the preoperative care and processes,” Kay says. “They ensure minimal, if any, cancellation or delays by working very closely with the surgeon’s office, the primary

care physicians, and, if required, a subspecialist. As a result, we provide a very high level of professionalism, which speaks to our goal of delivering safe, quality care.”

Comprehensive surgical services

CSC partners with our local physicians specializing in ophthalmology, gastroenterology, podiatry, gynecology, urology, pain management, ENT, orthopedics, breast surgery, and general surgery. With two operating rooms and a procedure room for gastroenterology, physicians perform a range of procedures, including laminectomy, hysterectomy, cholecystectomy, lithotripsy, tonsillectomy, bunionectomy, cataract surgery, colonoscopy, endoscopy, and steroid injections for pain, among others.

“CSC is an excellent facility providing outstanding care to our patients, with state-of-the-art equipment from the latest anesthesia machines to surgical equipment and technology,” says Khalid Athar, MD, Medical Director of Culpeper Surgery Center and Anesthesiology Services for Culpeper Regional Health System.



● CSC business office staff, from left: Kym Williams, Martha Fincham, Receptionist Janie Long, and Deborah Mack.



● The CSC clinical staff includes, from left, RN Doris Jacobs, Clinical Coordinator; Yolanda Kay, CASC, Executive Director; RN Lindsey Lee; and RN Kim Nomeyko.

CSC Anesthesia: Offering faster recovery and advanced procedures

Committed to patient safety and quality care, the Culpeper Surgery Center (CSC) anesthesia team consists of three full-time physicians, three certified registered nurse anesthetists (CRNAs), a preoperative nurse, and Medical Director Khalid Athar, MD.

While the side effects of anesthetics are the same, CSC's anesthesia team has adopted guidelines and evidence-based practices to focus on the quality of recovery. Dr. Athar says combining these practices with the advances in ambulatory surgery, anesthesia, minimally invasive surgery, and

techniques for pain management have helped patients at CSC recover more quickly and safely, so they are ready to go home sooner.

In addition to improving patient recovery, these new advances have also brought procedures to CSC that were once only available in a hospital setting, including:

- ✓ Laparoscopic cholecystectomy (gallbladder removal)
- ✓ Laparoscopic hysterectomy
- ✓ Lumbar decompression and laminectomy
- ✓ Anterior cervical disc fusion.

With advances in anesthesia and surgical techniques, the number of procedures CSC can perform continues to grow, according to Dr. Athar.

"We have kept abreast of the changing trends and evidence-based practices in the field of medicine in general, and the field of ambulatory medicine specifically, allowing us to deliver quality and safe care to a much sicker population for more interventional procedures not thought possible a decade or two ago," he adds.

Laparoscopic hysterectomy and laparoscopic cholecystectomy (gallbladder removal) are two such procedures. Before these procedures were available at CSC, patients stayed overnight, if not

longer, for recovery at the hospital. With multimodal pain management techniques, the recovery period is reduced to 1½ to two hours before a patient can return home pain-free.

Personalized care

At CSC, many staff members have seven to nine years of experience with Executive Director Yolanda Kay, Nurse Kim Nomeyko, OR Nurse Janet Washburn, and Surgical Scheduler Denise Caribaldi having worked for CSC since its inception.

"We customize their care, so they feel like they're the only patient here," Kay says. "A lot of the care our staff provides is based on the experience they bring with them and the compassion they have, which is important because patients having surgery are nervous. Our nurses are great about letting patients know what to expect, easing their nerves, and making them feel comfortable."

All of the physicians at CSC, from those who have been with the Center since its start to the new physicians joining the community,



Khalid Athar, MD
Medical Director

Yolanda Kay, CASC
Executive Director

Culpeper Surgery Center
541 Sunset Lane, Suite 201
Culpeper, VA 22701
540-829-0700

www.culpepersurgerycenter.com

focus on patient safety and providing the best surgical outcome.

"All of our care providers are compassionate and proficient professionals who deliver a very high level of care," Dr. Athar says.

Looking forward to its next 10 years, both Kay and Dr. Athar agree CSC will continue to focus on adding more procedures and specialties while maintaining a high level of excellence.

"We're continuing to grow, raising our case numbers and types of procedures offered," Kay says. "So far we've been able to adapt to change and are excited to see what the future will bring."



• In the CSC operating room, Mark Gloudeman, MD, is assisted by RN Janet Washburn and RN Doris Jacobs.

For more information about Culpeper Surgery Center, visit www.culpepersurgerycenter.com.

Get prepared with Joint Camp

Find out everything you need to know about your upcoming joint replacement surgery



IF YOU ARE ONE of the many people who may need joint replacement surgery, you are in good hands with the Orthopedic Center at Culpeper Regional Hospital (CRH). In addition to excellent surgeons, nurses, and quality, safe care, you now have Joint Camp to make sure you are prepared and informed about your upcoming procedure.

Preoperation patients, as well as anyone who is considering a joint replacement, are welcome to come to a Joint Camp. By attending, you will find out everything you need to know about an upcoming procedure, get a preoperation evaluation, see a presentation on the surgery itself, and learn about the recovery process and returning

about his or her experience and answer questions.

“Joint Camp is a great way for patients to feel more comfortable about their surgery and get all their questions asked and answered ahead of time,” says Brenda Austin, Orthopedic Nurse Practitioner and Coordinator of the Joint Replacement Program at CRH’s Orthopedic Center. “The Camp is informal, conversational, and informative, and hopefully

the preoperation instructions, what recovery will be like, and even what door to come in on the day of the surgery,” Austin says. “We’ve had a lot of positive feedback from class participants. They’ve told us they feel less anxious about their surgery and a lot more prepared just knowing what to expect.”

Joint Camp is an excellent resource for patients and their families, and it has an added benefit

Looking for a doctor? Go to “Find a Physician” at www.culpeperhealth.org.

takes away a lot of anxiety.”

Joint replacement surgery patients are asked to bring someone with them to attend Joint Camp. This person, called a coach, can be a husband, wife, close friend, or family member and will be there to support the patient during the joint replacement process. Joint Camp is offered once a week, with patients attending about two to three weeks ahead of their surgery. The

to hospital staff, doctors, and nurses as well. Because patients and their family members are better informed, staff has more time and energy to focus on what CRH is known for — providing extraordinary care, compassion, and attention to its patients.

“We have great doctors here at CRH, and the staff is outstanding,” Austin says. “If you need to have a joint replacement, CRH is the place to be!”

For more information on Joint Camp, contact Brenda Austin at 540-829-4283 or visit our website at www.culpeperhealth.org.



● Orthopedic Nurse Practitioner Brenda Austin discusses what to expect after surgery.

class is open to anyone, even if you are just thinking about a joint replacement.

“The best thing about Joint Camp is that the patients and their coaches are very well-informed about the whole process, including

home. You will also get a chance to meet an anesthesiologist, a physical therapist, a discharge planner, and the medical surgical director. In addition, you get to hear an individual who has already had a joint replacement speak

about his or her experience and answer questions.

Joint replacements available at CRH include:
✓ Hip ✓ Knee ✓ Shoulder.

Ask the doctor

Advice from Craig A. Reigel, MD

Q I have pain in my shoulder when I reach above my head. What could it be, and should I see a doctor?

A In the shoulder joint, several bones, muscles, and ligaments connect the upper arm to the chest. It is one of the most movable joints in the body, making it susceptible to injury because of its range of



Craig A. Reigel, MD
Virginia Orthopaedic Center

motion. With so many reasons for shoulder pain, it's important to make an accurate diagnosis to determine the appropriate treatment.

A common cause of shoulder pain is a **rotator cuff injury**.

The rotator cuff is the group of four tendons and muscles that surround the shoulder joint — subscapularis, supraspinatus, infraspinatus, and teres minor. When these tendons are inflamed or torn, they cannot function properly.

A frequent diagnosis is **rotator cuff tendonitis**, which is inflammation of one or several of the rotator cuff tendons. Symptoms include pain with overhead activities,

pain over the outside of the shoulder, and pain while sleeping at night. Treatment can include exercises and physical therapy, as well as rest, ice, anti-inflammatory medication, and possibly a cortisone injection.

Another reason for shoulder pain is a **rotator cuff tear**. This occurs when one or several of the rotator cuff tendons are either partially or completely torn, not just inflamed. Symptoms include pain in the top of the shoulder and arm, sometimes descending down the outside of the arm. There may also be weakness in the shoulder, making it difficult to lift the arm overhead or reach for something, such as a seat belt. A vast majority of rotator cuff tears can be treated with physical therapy exercises, anti-inflammatory medications, and cortisone injections, and do not need surgery. It may take some time — as long as three to six months — but rotator cuff tears that are not full-thickness tears can get better with these options alone.

If the rotator cuff doesn't get better, or if it is a full-thickness tear, surgery is a treatment option. Determining when surgery is appropriate depends on your activity level and response to prior treatments, along with the size and location of the tear. An orthopedic physician can determine the extent of an injury and whether or not you need surgery.

Arthritis is another cause of shoulder pain. **Osteoarthritis** is the most common type of shoulder arthritis and occurs when cartilage of the shoulder joint wears away, leaving bone against bone. **Rheumatoid arthritis** is the other type, which is a systemic condition that causes inflammation of the lining of the joint, causing damage to cartilage and bone. Treatments for arthritis include

some of the same as rotator cuff injuries, such as physical therapy, anti-inflammatory medications, and cortisone injections. If these options do not help, more detailed and comprehensive surgeries — such as arthroscopic surgery, joint-replacement surgery, or reverse shoulder-replacement surgery — may be necessary.

Determining the best course of action can be done with an accurate diagnosis from an orthopedic physician. Signs that you should see a doctor include swelling or bruising around the joint, inability to raise the arm, pain that persists beyond a couple of days, pain that occurs at night and prevents a good night's sleep, a complete inability to use the arm, or if a specific injury occurs to the shoulder joint. With the right treatment, you can address many of these signs and symptoms and get back the normal use of your shoulder.

Virginia Orthopaedic Center Physicians

Benjamin F. Allen, MD
Wahid M. Baqaie, MD
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Gluten-free veggie-lover rice-crust pizza

NUMBER OF SERVINGS: 4



Ingredients

- 1 cup Arborio rice
- 2½ cups water
- ¼ teaspoon salt
- ¼ cup (1 ounce) plus 1 tablespoon grated Parmesan cheese, divided
- 1 large egg, beaten
- 1 tablespoon extra-virgin olive oil
- ½ cup chopped onion
- 1 cup chopped green bell pepper
- 2 garlic cloves, finely chopped
- 2 cups thinly sliced mushrooms
- ½ teaspoon ground black pepper
- Salt to taste
- 1 cup tomato sauce
- 1 teaspoon dried basil
- 1 teaspoon dried oregano
- 1 cup (4 ounces) shredded part-skim-milk mozzarella cheese

Directions

- Preheat oven to 425 degrees.
- Coat 12-inch round pizza pan or baking sheet with cooking spray.
- In medium saucepan, combine rice, water, and salt.
- Bring to boil over medium-high heat; reduce heat; cover; and cook until rice is soft, 18 minutes.
- In large mixing bowl, combine hot rice with ¼ cup of Parmesan cheese and egg and use fork to mix until well-combined.
- Mound rice mixture in center of prepared pan.
- With back of fork, spread rice out to cover pan, then make edge neat.
- Bake crust until surface feels dry and firm, 18 to 20 minutes.
- Meanwhile, heat oil in medium skillet over medium-high heat.
- Add onion, green pepper, and garlic, and cook, stirring frequently, until onion is translucent, 5 minutes.
- Add mushrooms and pepper, and cook until all moisture has evaporated from mushrooms and they are browned, about 12 minutes, stirring more frequently toward the end.
- Add salt to taste.
- Spread mushroom mixture over rice crust.
- Spoon tomato sauce over vegetables.
- Sprinkle on basil and oregano, then mozzarella and remaining tablespoon of Parmesan cheese.
- Bake pizza in oven until cheese is melted and starts to brown, about 15 minutes.
- Remove from oven and let stand 5 minutes.
- Cut pizza into four wedges. Serve immediately.

Nutrition information

Amount per serving: 290 calories; 12g total fat (6g saturated fat); 29g carbohydrates; 14g protein; 2g dietary fiber; 430mg sodium

Source: American Institute for Cancer Research