

# VIBRANT

## *New* HEIGHTS

Janelle Smiley broke a world record mountaineering the entire European Alps after labrum reconstruction surgery in both hips at Porter Adventist Hospital.

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Porter  
Adventist Hospital

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# FIGHT OFF THE FLU

IT'S THE ONLY SUREFIRE WAY TO PROTECT YOURSELF THIS SEASON

*The flu vaccine* can cut your risk of getting the flu in half, yet many people are still reluctant to get the shot. "I hear a lot of patients say, 'I don't need it. I've never gotten the flu,'" says Roanna Ayers, NP, of CHPG Primary Care Highlands. "What I tell them is you haven't gotten the flu *yet*." Here's what she says you need to know about protecting yourself this season.

**BUT it didn't work last year!** Scientists formulate a new flu vaccine every year in anticipation of the strain most likely to affect the greatest number of people. But not all flu vaccines are well-matched with the year's strain. The 2017-18 flu vaccine was only 36 percent effective, which is lower than the usual effectiveness range of 40 to 60 percent. Still, that's significant protection. Plus, getting vaccinated lessens the severity and duration of your symptoms if you do end up with the flu.



# 30%

Think you can avoid getting the flu by staying away from people who are sick? Think again. Between 20 and 30 percent of people carrying the flu virus display no symptoms.

CAN'T I SKIP THE VACCINE AND GET TAMIFLU INSTEAD?

**A:** No. Antivirals like Tamiflu can reduce symptom severity, reduce complications like pneumonia, and shorten the duration of the flu by about a day; but they won't cure you. Plus, getting treated after the fact doesn't protect vulnerable populations in the community who can't be vaccinated. And antivirals must be administered early to be effective — ideally within 48 hours, although they can be effective up to 72 hours after onset.

**FLU SHOT**

# 2X

People who get the flu vaccine every year are twice as likely to have less-severe cases when they do contract the virus, as compared with people who haven't been vaccinated in the previous three seasons.



## BOOST YOUR IMMUNE SYSTEM THIS SEASON

**Say no to sugar** > Excess glucose can reduce white blood cell reactivity (your immune response) by up to 40 percent. A 32-ounce soda can render your immune system useless for four or five hours.



**Meditate** > A recent review of 20 studies found some early evidence that mindful meditation may have positive effects on the immune system.



**Eat your mushrooms** > One study found eating cooked shiitake mushrooms can increase the performance of your body's T cells, which play an essential role in immune response.



**Take a shot at flu**  
Schedule an appointment with one of our primary care offices listed on the back cover of this magazine.

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# LISTEN *to your legs*

*Believe it or not, leg pain could be the first sign of cardiovascular disease*

You might think your heart would be the first body part to signal cardiovascular disease. But in many cases, it's the legs.

Peripheral artery disease (PAD) is when plaque and fatty deposits accumulate in arteries outside the heart, most commonly in the legs. The condition puts you at increased risk for heart attack, stroke, and coronary artery disease, as having PAD often means there's buildup in other arteries as well, including the heart and neck.



*Dr. Jeb Burchenal*

"Peripheral artery disease can easily be the first sign of cardiovascular disease," says Jeb Burchenal, MD, a cardiac and peripheral interventionalist with South Denver Cardiology. "The main symptom is pain, cramping, or tightness in the calves or thighs with activity that goes away with rest."

## Are you at risk?

Your chances of developing PAD increase with age, and the risk is greater at any age if you smoke or have:

- Diabetes
- High blood pressure
- High cholesterol

If you have these symptoms, your physician will likely perform an ankle brachial index exam, which is essentially a blood pressure test.

"Basically, we take a blood pressure reading in the arm and then in the ankle and compare the numbers," Burchenal says. "If the pressure is different, there are probably blockages in the leg arteries."

One of the best treatments for PAD is walking. But medications such as aspirin, blood thinners, and cholesterol drugs also may be prescribed to help reduce plaque buildup. If conservative treatments don't work, your physician may recommend opening the blocked artery with a balloon and stent or performing bypass surgery to redirect blood flow around the blockage.

## When it hurts, walk it off

Peripheral artery disease causes pain in the legs with walking, but it's the exact activity that tends to be the best medicine.

"Walking has been found to stimulate blood vessel growth around blockages caused by peripheral artery disease," says cardiac and peripheral interventionalist Jeb Burchenal, MD.

He recommends walking at a moderately fast pace and gradually increasing your distance. It might be uncomfortable at first, but that's OK.

"If you're walking and you start feeling heart pain, or angina, then you need to stop — you don't want to push through that," he says. "But the legs are a different story. You have to be willing to push it a bit. Walk through the pain, and it will gradually get better and better."



*Porter Adventist Hospital is part of the Centura Health Heart and Vascular Network, the region's leading provider of cardiovascular care.*

**Erectile dysfunction,** especially in men with diabetes, can be a sign of peripheral artery disease.

To make an appointment with Dr. Burchenal, call **303-744-1065.**

# BACK *on* Course

Professional ski mountaineer Janelle Smiley breaks world record after complex hip surgery by Porter Adventist Hospital orthopedic surgeon Brian J. White, MD



## Janelle Smiley is used to overcoming obstacles.

The 36-year-old is a six-time national champion in uphill skiing, also called ski mountaineering, a sport in which athletes climb a mountain with skins on their skis and then remove the skins before skiing back down.

But she completed her most impressive accomplishment — ski mountaineering the entire European Alps range in world record time — after having surgery by a Denver orthopedic surgeon to reconstruct the labrums in both her hips.

Earlier this year, Smiley and her team traversed 1,076 miles and 294,000 vertical feet across the entire European Alps range on skis in just 36 days. Not only did Smiley set the world record, she also became the first woman to have ever completed the grueling course.

“It’s one of the more challenging sports because you need the endurance to go up and the strength and power to come back down,” Smiley says. “There’s an incredibly rigorous training regimen. I would be in the gym lifting weights two to three

times a week and training six days a week out on the snow.”

While the sport is dangerous and can lead to serious injury, it was nagging hip pain that took Smiley off course.

“It was a very dull, aching pain at first,” she says. “The odd thing was, when I was out touring, it didn’t hurt. It would hurt when I came home and was sitting down. Nothing would alleviate it.”

Smiley knew she needed treatment, but she put it off. Eventually, the pain got so bad, she couldn’t ignore it. She saw a physician in her hometown of Jackson, Wyo., who told her that her hip labrums, the rings of cartilage along the hip bones that cushion the socket, were worn out beyond repair. Not wanting her to risk her livelihood, the doctor recommended she travel to Denver to see Porter Adventist Hospital orthopedic surgeon Brian J. White, MD, for a complex and unique procedure to reconstruct her labrums from donor tissue.

## ◆◆ *A superior technique*

Although previously thought to be a relatively uncommon injury, labral tears are being diagnosed more frequently due to advances in MRI and arthroscopic techniques. It’s now believed that one-quarter to half of all people with hip or groin pain have labral injuries.



***The fact that she's not just back to climbing a singular mountain but that she ski mountaineered the entire European Alps range after surgery is an incredible accomplishment."***

**– Dr. Brian J. White**

Most orthopedic surgeons typically treat damaged labrums with surgical repair.

"A lot of people will repair the labrum. That means they'll simply put sutures around the labrum to try to get it to heal," White says. "The problem with that is the tissue is chronically compromised, and the repair technique can damage its blood supply. And as a result, many repairs fail."



**Dr. Brian J. White**

Failed repairs lead to a return of pain, often worse than before the surgery, and it can be quite common. That's why White has turned to labral reconstruction.

"Instead of repairing the damaged labrum, I make a new one for people," says White, an approach that he recently proved to be superior through his research (see box on Page 6).

White makes a new labrum from a donor graft to restore function. But the new labrum doesn't regrow nerves like a repaired labrum does, which is ideal.

"It doesn't have the capacity to feel pain in the same way as the native labrum does," White says. "That's why we see such tremendous results with it."

And it's not just a surgery for elite athletes.

"What makes labral reconstruction a powerful procedure is that it works for everyone," White says. "It doesn't matter if you're an elite athlete or a regular person who wants to play with their children. This procedure allows me to rebuild a new labrum so the joint can again function normally — and the graft should never feel pain like the native labral tissue did."

## **◆◆ Back to breaking records**

Smiley traveled to Colorado to have White reconstruct her left labrum in July 2014 and then again in September 2014 to have the right one done. Her only regret is not doing it sooner.

"I was so afraid to have surgery, because I was so active," she says.

Story continued on next page >>



***Janelle Smiley climbed the Cassin Ridge on Denali just nine months after surgery to reconstruct both hip labrums before setting a world record for ski mountaineering the European Alps.***

Photos for this story and front cover shot during Smiley's European Alps mountaineering by Mark Smiley.

## BACK ON COURSE (Con't)

"I put it off for three years, and I just kept pushing my athleticism through the pain. If I would have known that the surgery would have gone so well, I would have had it done much sooner."

In true professional athlete fashion, Smiley followed White's post-op instructions to a T, using crutches for four to six weeks and faithfully going to physical therapy for a few months. She was back to mountaineer training after about six months. Nine months after surgery, Smiley climbed the Cassin Ridge on Denali, a very technical peak in Alaska. And she hasn't stopped since.

That doesn't surprise White. "She's an incredible athlete, and all of that was ripped away from her when her hips were painful," White says. "The fact that she's not just back to climbing a singular mountain but that she ski mountaineered the entire European Alps range after surgery is an incredible accomplishment."

### Experience Matters

If you're considering labral reconstruction, take care choosing a surgeon for this complex procedure. "It's an incredibly challenging operation, because the joint is so deep and difficult to access," says Brian J. White, MD, an orthopedic surgeon at Porter Adventist Hospital.

"Labral reconstruction needs to be done by someone who is massively experienced in it just because of the technical challenge it poses," says White, who's **completed more than 2,500 labral reconstructions to date and performs 440 per year — a volume that puts him well beyond anyone in the world with regard to his experience with this procedure.**

White suggests seeking out a surgeon who does only hip arthroscopy. "That gives you the best opportunity to see the most benefit from this procedure," he says.

### Symptoms of hip labral tear

- ◆ Pain in the front hip or groin
- ◆ Difficulty sitting or rotating
- ◆ Clicking or locking of the joint
- ◆ Joint instability



## Groundbreaking Research

To determine whether labral reconstruction is more effective than repair, Brian J. White, MD, an orthopedic surgeon at Porter Adventist Hospital, conducted a study comparing the two procedures, which was published in the February 2018 issue of the journal *Arthroscopy*.

Unlike typical research that compares groups of patients who get different treatments, White's study was unique in that he was able to perform both surgeries on the same patients.

White performed surgery on 29 participants who needed labral surgery on both hips between 2009 and 2014. On one side, he performed labral repair and on the other side, he reconstructed the labrum. This method allowed him to get truly comparative data as to which procedure was more successful.

"It's really hard to get a good, comparative study in orthopedics, because everyone is different. Even two 20-year-olds are completely different people and can have different outcomes," he says. "Performing both procedures on the same patient is by far the best way to compare the procedures because the only variable is the different labral treatment."

The study concluded that reconstruction is much more successful than repair. In fact, of the patients in the study, 31 percent failed their labral repair and elected to have another surgery to revise it to a reconstruction. None of the labral reconstructions failed.

"This paper is groundbreaking," White says. "It is changing the way people perform hip arthroscopy around the world."

# AFTER *Mastectomy*

## Advances in breast reconstruction surgery

**Following mastectomy surgery** for breast cancer, more and more women are choosing to have reconstructive surgery. “Having breast reconstruction as an option is a part of feeling whole after their cancer diagnosis,” says Lily Daniali, MD, a plastic surgeon with Porter Adventist Hospital.



*Dr. Lily Daniali*

### Better techniques, better outcomes

Modern surgical techniques can give women a more natural-looking breast than ever before. “We’re a lot more strategic about where we place our incisions (during the mastectomy), so the outcome is more aesthetically pleasing,” Daniali says. “And we have more tools to shape the breast, like fat grafting, which is fat transfer to the breast for contour issues and to make the breast feel more tissue-like.” If a woman prefers not to get implants, her breast can be completely reconstructed using her own tissue.

Breast reconstructive surgery requires a close partnership between a skilled oncological surgeon, who performs the mastectomy, and a plastic surgeon, who does the breast reconstruction.

Implants themselves have also improved in recent years. “They’re much better quality and also have different types of cohesiveness,” Daniali explains. “For a woman who’s lost a lot of tissue and structure, they have more binding of the silicon so they’re firmer and project further.”

If the patient’s cancer doesn’t involve her nipple, some oncological surgeons can perform nipple-sparing surgery.

And if the nipple can’t be saved, it can now be re-created. “We’re working with some tattoo artists to do 3-D nipple tattoos,” Daniali says.

Women who are considering breast reconstructive surgery should talk to a board-certified plastic surgeon who has extensive experience performing breast reconstruction surgery.

39%

Increase in demand for breast reconstruction procedures since 2000\*

\*American Society of Plastic Surgeons

  
*Celebrate Yourself*

October is National Breast Cancer Awareness Month.

Celebrate by putting yourself first and taking time for an annual breast screening with advanced 3-D mammography at:

Porter Adventist Hospital  
**303-765-6500**

Castle Rock Adventist Hospital  
**720-961-2033**

Centura Health Meridian  
**303-269-4150**

Centura Health Southlands  
**303-269-4150**

Littleton Adventist Hospital  
**303-738-2767**

Parker Adventist Hospital  
**303-269-4150**

## BREAST RECONSTRUCTION BREAKTHROUGH

Following mastectomy surgery to remove breast cancer, it can be unsettling to awake from surgery without your breast. But with direct-to-implant surgery, available at Littleton Adventist Hospital and Parker Adventist Hospital, mastectomy and breast reconstruction are performed at the same time, so the patient wakes up with fully reconstructed breasts.

“It’s really an external way of moving beyond a breast cancer diagnosis,” says Littleton Adventist Hospital plastic surgeon Lisa Hunsicker, MD, FACS.

**Direct-to-implant surgery has various benefits, including:**

- **Very low risk of infection**
- **(Nearly) opiate-free pain relief**
- **Speedy recovery**, with many patients able to go home within 24 hours of surgery and free from post-op restrictions in as soon as six weeks

# Be HEART SMART

The heart is complex, but taking care of it doesn't have to be. Learn the top tips for your heart health. Blood pressure screening available with this class.

- ▶ **Date:** Tuesday, Nov. 6
- ▶ **Time:** 6-7 p.m.
- ▶ **Location:** Porter Adventist Hospital Conference Center

Portercare Adventist Health System

## Porter Adventist Hospital



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### AURORA

**CHPG Cornerstar Primary Care  
(Parker and Arapahoe)**  
303-269-2626 • [cornerstarprimarycare.org](http://cornerstarprimarycare.org)

**CHPG Southlands Primary Care**  
303-928-7555 • [southlandsprimarycare.org](http://southlandsprimarycare.org)

### CASTLE ROCK

**Ridgeline Family and Sports Medicine  
at the Meadows**  
720-455-3750 • [ridgelinefamilymedicine.org](http://ridgelinefamilymedicine.org)

**Ridgeline Family and Sports Medicine –  
Castle Pines**  
303-649-3350 • [ridgelinefamilymedicine.org](http://ridgelinefamilymedicine.org)

### CENTENNIAL

**CHPG Grace Family Practice  
(near Arapahoe and Holly)**  
720-528-3559 • [gracefamilypractice.org](http://gracefamilypractice.org)

### DENVER

**CHPG Primary Care – Highlands  
(near I-25 and Speer)**  
303-925-4580 • [chpghighlands.org](http://chpghighlands.org)

**CHPG Porter Primary Care**  
303-649-3200 • [porterprimarycare.org](http://porterprimarycare.org)

### GOLDEN

**CHPG Primary Care – Golden  
(near 6th and Heritage)**  
303-925-4340

### GREENWOOD VILLAGE

**CHPG at Denver Tech Center  
(Ulster and Belleview)**  
303-770-6500 • [dctfamilymedicine.org](http://dctfamilymedicine.org)

**CHPG Primary Care – Southmoor (in the DTC)**  
303-925-4960

### HIGHLANDS RANCH

**Highlands Ranch Medical Associates**  
303-649-3140  
[highlandsranchmedicalassociates.org](http://highlandsranchmedicalassociates.org)



### LAKEWOOD

**CHPG Primary Care – Belmar**  
303-925-4380

**CHPG Sports Medicine – Lakewood  
(near Alameda and Union)**  
720-321-9400

**CHPG St. Anthony Internal Medicine**  
720-321-8280

**Senior Health First – St. Anthony  
Medical Campus**  
303-825-1234

### LITTLETON

**CHPG West Littleton Primary Care**  
303-932-2121

**South Suburban Internal Medicine  
(at Littleton Adventist Hospital)**  
303-347-9897  
[southsuburbaninternalmedicine.org](http://southsuburbaninternalmedicine.org)

### PARKER

**CHPG Internal Medicine Parker  
(on hospital campus)**  
303-770-0500 • [internalmedicineparker.org](http://internalmedicineparker.org)

**CHPG Primary Care Meridian**  
303-649-3100 • [meridianprimarycare.org](http://meridianprimarycare.org)

**Timberview Clinic at Parker (on hospital campus)**  
303-269-4410 • [timberviewclinic.org](http://timberviewclinic.org)

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[porterhospital.org](http://porterhospital.org)

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