

# VIBRANT

Your Connection to Healthy Living

Spring 2015 | Volume 3, Issue 2

## *The return of Spring*

When injury robs your passion and your profession, a cure is nothing short of a miracle.

Meredith Strathmeyer is back on stage, thanks to an advanced hip surgery that replaced her torn labrum.

Read her story on Page 4. ▶

- 2 ▶ Understanding depression in men
- 3 ▶ New allergy treatment avoids shots
- 7 ▶ Help for heartburn

Porter  
Adventist Hospital

 Centura Health®

# Melancholy Men

Guys show different signs, but they may suffer just as much from depression as women

More than 6 million men in the U.S. are diagnosed with depression each year, but that statistic may underestimate the number who actually struggle with this mental health issue.

Depression is a disease that is largely diagnosed by the symptoms experienced by a patient. Typical symptoms include fatigue, irritability, low energy, weight gain or appetite change, and the “blues.” But a 2013 study in *JAMA Psychiatry* explored alternative depressive symptoms that men exhibit, including anger attacks, aggression, substance abuse, and risk-taking behaviors.



**“It turns out that when researchers included alternative and traditional depressive symptoms, they found that men and women had an equal percent of depression,”** says Eve Wood, MD, psychiatrist at Porter Adventist Hospital. **“It’s true that women are diagnosed with depression twice as often as men, but that doesn’t necessarily mean that women suffer from depression more than men.”**

Men also are less likely to seek treatment for depression. “It’s very common for men not to attribute depression to their symptoms,” Wood says. “The reality is that men have just as much likelihood to respond to treatment as women.”

According to the National Institute of Mental Health, other signs that a man might be depressed include:

- Feeling very tired and irritable
- Difficulty sleeping
- Loss of interest in work, family, or hobbies

## Building Your Resilience

Learn how to bounce back from stress at a **FREE** seminar on Tuesday, May 5, at 6 p.m. See back cover for full details.

## PALLIATIVE CARE Q&A

Patients often confuse palliative care with hospice care. However, unlike hospice care, palliative care can be provided long term along with curative treatment.

**What is palliative care?** Palliative care is a team approach that involves doctors, nurses, chaplains, social workers, and others. Our aim is to alleviate suffering and improve quality of life during life-threatening illness or any disease that compromises quality of life. This includes diseases such as cancer, COPD, diabetes, heart disease, and more.

**How does it work?** We listen to patient and family goals, and we manage difficult symptoms stemming from illness. We help patients consider care options and navigate the healthcare system. We also offer emotional, spiritual, counseling, and bereavement support. Pain isn’t just physical. We treat body, mind, and spirit.



Michael Metros, MD, co-medical director of the palliative medicine program at Porter Adventist Hospital, answers common questions.

**When does it start?** I wish more people came to us earlier. It’s appropriate at any stage of life-limiting or life-threatening illness. If palliative care is brought in early, it can really help with pain control and care coordination.

**Where is it available?** There is an inpatient palliative care team at Porter Adventist Hospital. We also have a home palliative medicine program that offers symptom management and support.



**LEARN MORE** about Porter Adventist Hospital’s palliative medicine program at a **FREE** panel discussion on Thursday, April 16, or Thursday, April 30. For full details, see back cover.

# PUT ALLERGIES TO 'REST'

*Simple steps at home can help allergy sufferers get a better night's sleep*

There's nothing quite as satisfying as spring's thaw, unless you're a seasonal allergy sufferer dogged by itchy eyes and ears, sneezing, and a runny or stuffy nose.



Dr. Katherine Tsai

Katherine Tsai, MD, a specialist in allergy, asthma, and immunology at Porter Adventist Hospital, says another sneaky symptom adds to spring allergy distress: sleepiness.

"Allergies and sleep are definitely tied together, especially if you have an obstructed nasal passage that forces you to resort to mouth breathing at night," Tsai says. "Many allergy sufferers have been dealing with this their entire lives. They think it's just part of life to wake up tired."

Inadequate sleep can yield poor school and work performance, increased risk of motor vehicle accidents, and health consequences such as obesity, stress, and heart trouble. "It's a cascade of events," she says.

## HER TOP TIPS?

**Banish Fido from bed.** "People often sleep with pets — cats and dogs — and are constantly suffering, especially if pet allergies or asthma are present," Tsai says. While breaking up is hard to do, your body may thank you.

**Know you're vulnerable in early mornings.** This is especially true for allergy sufferers with asthma. Most asthma patients report coughing, wheezing, shortness of breath, and drainage around 2-3 a.m., Tsai says. Meanwhile, pollen counts start to spike around 5 a.m. "Early morning is peak time for trouble. Make sure there is adequate air-conditioning and circulation." If you take a one-a-day allergy medicine, take it at night to cover this peak time.

**Allergy-proof your bedroom.** Wash your sheets regularly, and consider upgrading bedding to natural fibers. Use a HEPA filter to trap the kinds of small particles that affect allergy sufferers. A good, old-fashioned dusting once a week also goes a long way.



## Allergy tablets nothing to sneeze about

If grass or ragweed is stirring up your spring allergies, new FDA-approved sublingual allergen immunotherapy (SLIT) may be for you. Three new SLIT tablets contain allergen extracts that are put under the tongue (sublingual), which results in immune desensitization to either grass or ragweed pollens.

The tablets are approved for seasonal allergic rhinitis (hay fever) with or without conjunctivitis (inflammation of the eye). Patients should start taking the tablets three to four months prior to pollen season to obtain maximum benefits, says Katherine

Tsai, MD, a board-certified allergy specialist at Colorado Allergy & Asthma Centers.

**GRASTEK AND ORALAIR** — For grass allergies. Grastek is approved for people ages 5-65. Oralair is approved for people ages 10-65.

**RAGWITECK** — For short ragweed pollen. Approved for people ages 18-65.

"While tablets are convenient and can provide benefits, allergy shots are still the most effective treatment option, as we can treat all of a patient's allergy triggers such as pollen, dog, mold, or dust mite, as opposed to just grass or weed pollen," Tsai says.

## Rx for Relief

If seasonal or perennial allergies have you down, a variety of treatments can help.

**Natural remedies** — A nasal wash can flush out clogged passageways and ease swelling. Some swear by acupuncture for relief. Others turn to traditional diet remedies such as yogurt (some believe the healthy bacteria may ease symptoms of pollen allergy) and honey for a sore throat.

**OTC meds** — You know about the antihistamines (warning, they sedate) and decongestants (warning, they amp you up), but there's also a newer over-the-counter nasal steroid. Nasacort can be used to treat seasonal allergic rhinitis.

**Medical treatments** — "The most effective thing is to see an allergist," says Katherine Tsai, MD. "Whether you're allergic to pollen, mold, family pets, or dust mites, we can help find the trigger."



**LEARN MORE** about treating seasonal allergies at a **FREE** seminar on Thursday, May 21, at 6 p.m. See back cover for full details.



# ALL THE RIGHT MOVES

## Advanced hip procedure allows Denver ballet dancer to fly once again

Dancer Meredith Strathmeyer's artistry on the stage was born on a softball field, of all places.

"My dad was a softball coach, and he put me in ballet to help give me a bit more grace and coordination," says the 30-year-old member of Denver's Wonderbound ballet company. "Little did he know, he was going to lose his shortstop," she quips.

From age 8, Strathmeyer felt like her body was made to dance. "I loved the music, loved being able to act. I loved the performance structure of ballet. You cannot change the technique; you have to change yourself to it," she says.

Periodically, the native Texan would feel a "twang" in her hip while practicing core ballet techniques. By age 24, pain radiating from her hip began to borrow from other muscles. By her late 20s, her body bowed to the relentless ticking of the clock, and Strathmeyer began experiencing excruciating pain. Her agony was born from the biomechanical stress placed on her hip joint by years of pushing her body to its limits.

She could hardly walk the day after performances. She sometimes even struggled to be in the moment during performances, plagued by questions such as, "How much will this hurt? How can I compensate?"

MRIs revealed that Strathmeyer's labrum, a ring of cartilage that surrounds the hip joint socket, was badly torn. "Dancers basically exploit their range of motion and look for more and more motion. Over the course of time, the labrum breaks down," says Brian J. White, MD, an orthopedic surgeon who specializes in hips and now performs surgery exclusively at Porter Adventist Hospital.

*Meredith Strathmeyer returned to perfect form after a Denver surgeon replaced her fully torn hip labrum.*

*“I could tell he has the same passion for fixing hips that I do for dancing.”* — MEREDITH STRATHMEYER

Two physicians had already told Strathmeyer that her dance career was likely over. “That was hard to hear at age 27. I still felt like I had a lot of dancing left to do,” she says. Then a dance colleague referred her to Dr. White.

## Hip Arthroscopy

Hope surged the day Strathmeyer met Dr. White. In contrast to previous opinions, she felt confident that Dr. White could return her to the stage. “I could tell he has the same passion for fixing hips that I do for dancing,” Strathmeyer says.

Dr. White recommended hip arthroscopy. “The hip joint is a very deep joint. It’s hard to access even with open techniques. With arthroscopy, we use a camera that magnifies what we can see, and we repair structures with greater precision than we can with open hip surgery,” he says.

### Hip arthroscopy is recommended for patients with:

- > **A torn labrum.** The labrum is an extension of the cartilage that, when torn, causes pain in the groin outside of the hip and occasionally in the buttocks. Symptoms worsen with sitting, rotational movement, and increased use.
- > **Femoroacetabular impingement (FAI).** This is a condition in which the hip’s ball and cup do not fit well together. With use, the two impinge the labrum, and it gets torn in the process.
- > **Acetabular dysplasia.** This is a condition in which a shallow hip socket increases the likelihood of a labral tear.
- > **Snapping hip syndrome.** This involves a painful snap that occurs around the hip joint with motion.

Using a surgical technique he has refined in a practice that performs 425 hip arthroscopies per year, Dr. White essentially made Strathmeyer a new labrum. “Instead of repairing her labrum, which was too degenerative and worn, we performed a labral reconstruction and made a new labrum for her.” His technique has evolved based on evaluations of patient data



**Dr. Brian J. White**

from more than 2,000 hip arthroscopies he has performed since 2009. “The problem when you repair a labrum is that you don’t take out the nerve supply,” so pain can return, Dr. White says. Additionally, if tissue in a torn labrum is too unhealthy, it may not completely heal. Patients might do well for a while, but old problems and pain have the potential to return.

Made from donor tissue, Strathmeyer’s newly constructed labrum has the advantage that it will not grow new nerves.

“You get all the biomechanical benefits of a native labrum but because it will never be innervated by the body, it should never feel pain,” Dr. White says. “This procedure has massive potential for complex hip problems. We have surgeons come from all over the world to learn this.”

## Triumphant Return

During the early, grueling days of recovery, Strathmeyer remembers meeting a new acquaintance who asked her what she did professionally. “It’s hard to say, ‘I’m a dancer,’ when you’re on crutches,” she says.

Yet, as Strathmeyer rehabbed her hip, first relearning to walk and then humbly



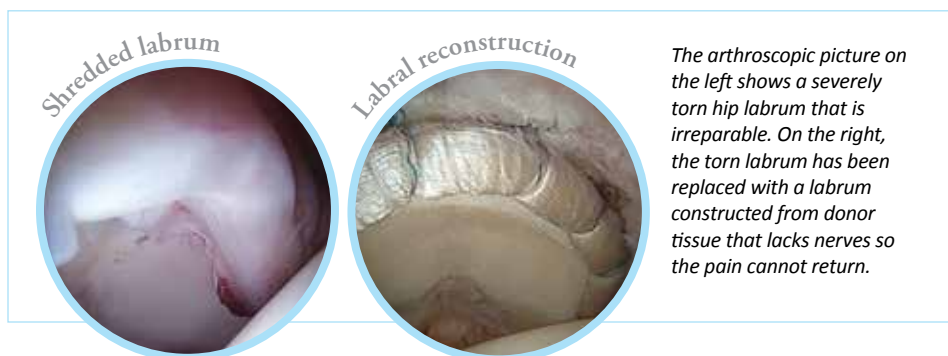
PHOTO BY ELLEN JASKOL

enrolling in a beginner adult ballet class, she began to hope that she would dance professionally again. “The popping, the crunching, the ‘twanging’ ... it was all gone,” she says.

At one point in her recovery, a lightbulb moment occurred. A confidence born from overcoming a career-threatening injury had erupted.

“As a young artist, I was afraid of not being good enough, or being judged, or being watched. I think that fear held me back in so many ways. It kept me from really experiencing how fabulous it is to be on stage. The moment I was cleared to go back full time, that fear was gone,” she says. “And now, I think my hip is going to be the last thing to wear out on my body.”

For more information about surgical and nonsurgical treatments for hip pain, go to [porterhospital.org/orthopedics](http://porterhospital.org/orthopedics).



*The arthroscopic picture on the left shows a severely torn hip labrum that is irreparable. On the right, the torn labrum has been replaced with a labrum constructed from donor tissue that lacks nerves so the pain cannot return.*

# TAKE CONTROL

*If you experience incontinence, chances are good that Kegels — if you learn to do them right — can help repair the problem*



If you've given up jumping on the trampoline with your kids or you're having to clench your core when you sneeze, you're not alone. It's estimated that one in four women over the age of 18 experiences some level of incontinence.

And if you're one of these women, you've probably tried thousands of Kegels without results. Chances are you've been doing them incorrectly — and may even be making the problem worse.

"Studies show only 50 percent of women are able to do pelvic floor contractions successfully with verbal instruction alone," says Kerri Daniels, a physical therapist who specializes in women's pelvic health at Centura Health Centers for Therapy. "Unfortunately, 25 percent perform these contractions in a way that makes urinary incontinence worse."

Stress incontinence occurs when the muscles that control the bladder are weakened, resulting in a loss of urine during activities such as coughing, sneezing, laughing, or exercising. Childbirth, constipation, strenuous exercise, and menopause increase a woman's risk of stress incontinence.

"Women have many muscles that form a hammock between the front of the pelvis and the tailbone," Daniels explains. "For optimum pelvic floor health, these muscles must be strengthened through specialized daily exercises."

The Centura Health Centers for Therapy at Porter Adventist Hospital, Littleton Adventist Hospital, Parker Adventist Hospital, and Castle Rock Adventist Hospital offer a program that teaches women how to strengthen the pelvic floor correctly. Using ultrasound and EMG, therapists can show women when they are correctly contracting the right muscles. In addition, physical therapists provide a home exercise program so women can maintain the gains they have made in therapy throughout their lifetimes. The majority of patients see a marked decrease in their incontinence after completing the 12- to 16-week program, Daniels says.

The therapy program also helps women who are struggling with pelvic floor weakness, prolapse, pain during and after pregnancy, and pelvic ring pain.

## *Women's Health — Pelvic Floor Disorders*

Learn more about the various forms of pelvic floor disorders and treatment options at a **FREE** seminar on Thursday, May 14, at 6 p.m. See back cover for full details.

## Surgical options for stress urinary incontinence

Women have about a 20 percent chance of needing surgery to treat stress urinary incontinence or pelvic organ prolapse in their lifetimes, according to a study published in the June 2014 issue of *Obstetrics & Gynecology*. The most common procedure, a midurethral sling, uses a small strip of polypropylene mesh to support the urethra to stop the problem, says Johnny Yi, MD, a urogynecologist at Porter Adventist Hospital. This is an outpatient procedure that allows the woman to go home the same day. There are three approaches to placing the sling:

**Retropubic (TVT).** The U-shaped sling has a reported success rate greater than 85 percent. About one-third of patients may go home with a catheter draining the bladder that is removed within a few days of surgery.

**Transobturator (TOT).** This procedure involves a slightly different placement and in a large, multicenter, randomized controlled trial, it has been shown to be equivalent to the retropubic sling.

**Mini sling.** Growing in popularity, the mini sling requires only one incision and less surgery time than the other two approaches. However, Yi says long-term studies are still needed to show equivalent durability and efficacy to the traditional slings.

Many patients are concerned about pelvic mesh due to recent FDA notifications regarding transvaginal mesh placement. Yi recommends patients discuss these risks with their surgeon and understand the differences between transvaginal mesh used for prolapse, as compared to stress incontinence.

**Therapy clinics to treat women with incontinence, pelvic floor weakness, prolapse, and pelvic pain are available at four Centura Health hospitals throughout the southern metro area. Call any for more information or to make an appointment.**

**Porter Adventist Hospital  
303-778-5842**

**Castle Rock Adventist Hospital  
720-455-3700**

**Littleton Adventist Hospital  
303-730-5883**

**Parker Adventist Hospital  
303-269-4590**



# GERD?

*If frequent heartburn has you down, seek treatment sooner rather than later*

If you're wearing out a path to your medicine cabinet for antacids, you may have more than just heartburn. Gastroesophageal reflux disease, or GERD, occurs when the contents of your stomach chronically back up into your esophagus. By some estimates, the condition affects up to 40 percent of the American population.

## Going after GERD

Reflux disease is a "great masquerader," says Ashwin Kurian, MD, a general surgeon at Porter Adventist Hospital. "Many patients do not have the typical symptoms associated with reflux, such as regurgitation and heartburn."

### Other symptoms of GERD can include:

- > Noncardiac chest pain
- > Hoarseness
- > Cough
- > Lump in the throat or sore throat
- > Sinus infection
- > Worsened sleep apnea or asthma

While over-the-counter or prescription antacids can tamp down discomfort, Kurian says they do not suppress esophageal cancer, which GERD can progress to over a period of time. "Reflux disease can damage the lining in the throat. This

shows up in a precancerous condition called Barrett's esophagus," he cautions.

Patients with persistent, frequent heartburn should seek treatment. "Early detection and prevention are the key with any cancer," Kurian says.

## New techniques show promise

For patients whose reflux disease is not severe, new techniques show tremendous promise, with minimal side effects.

These include the LINX procedure, in which a magnetic ring is placed around the lower end of the esophagus to prevent reflux, and Stretta, which uses radiofrequency energy to stimulate the lower esophageal sphincter. Radiofrequency ablation also has been shown to limit progression of Barrett's esophagus to esophageal cancer.

Learn more about gastroesophageal reflux disease (GERD), the symptoms, and treatment options at a **FREE** seminar taught by Dr. Kurian, Tuesday, May 26, at 6 p.m. See back cover for details.

Dr. Ashwin Kurian, a general surgeon at Porter Adventist Hospital, enjoys a good meal with family and friends. Indian fare is what he misses most about his native country. And when his wife cooks, well, all bets are off that he's going to say "when."

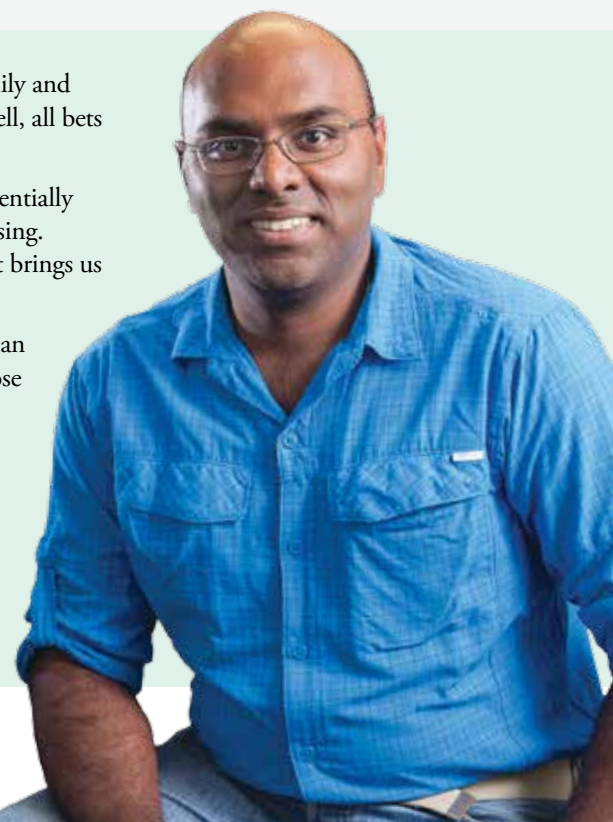


So, when patients come to him with achalasia, a severe swallowing problem that essentially blocks the normal passage of food into the stomach, he realizes what they are missing. "We don't recognize how important a part food plays in our life and how much it brings us joy around the table together until we can't eat," he says.

Kurian specializes in a new incisionless surgical technique called POEM, which uses an endoscope placed through the mouth and down the throat to treat achalasia. "It's one of those procedures that's really at the forefront of what we can do surgically," he says. "The best thing about POEM is seeing patients who are so grateful because they can enjoy food again.

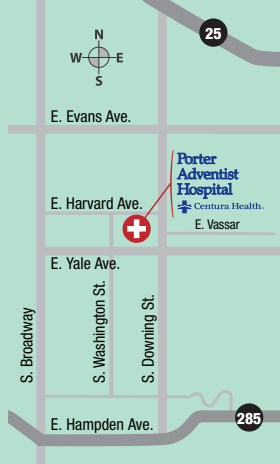
Kurian completed medical school at Bangalore Medical College in India and a general surgery residency in the United Kingdom. He also completed a fellowship in minimally invasive surgery of the esophagus and stomach and advanced flexible endoscopy.

"Colorado is very exciting. I do a lot of cycling in the summer, and I am beginning to learn how to ski," he says, noting that his favorite pastime is spending time with his wife and new baby son.



Porter Adventist Hospital is a regional medical center that provides care for complex health issues. We specialize in complex surgery, cardiovascular care, spine care, joint replacement, liver and kidney transplants, and cancer care. We are part of Centura Health, the region's leading healthcare network. *Vibrant* is published quarterly by Porter Adventist Hospital – PorterCare Adventist Health System. The purpose of this publication is to support our mission to improve the health of the residents of our community. No information in this publication is meant as a recommendation or to substitute for your physician's advice. If you would like to comment or unsubscribe to this magazine, please email us at [vibrant@centura.org](mailto:vibrant@centura.org).

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



PorterCare Adventist Health System

## Porter Adventist Hospital



2525 South Downing Street  
Denver, CO 80210

Non-Profit  
Organization  
U.S. Postage  
**PAID**  
Denver, CO  
Permit No. 4773

Part of Centura Health, the region's leading healthcare network.

Centura Health does not discriminate against any person on the basis of race, color, national origin, disability, age, sex, religion, creed, ancestry, sexual orientation, and marital status in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact Centura Health's Office of the General Counsel at 303-804-8166. Copyright © Centura Health, 2015.

# UPCOMING EVENTS

Register online at  
[porterhospital.org/events](http://porterhospital.org/events)

Join the health experts at Porter Adventist Hospital to learn ways to stay healthy. All programs are **FREE** and are held in the Porter Adventist Hospital Conference Center unless otherwise indicated. For programs held in the Porter Adventist Hospital Conference Center, there is a free parking garage as well as free valet parking at the hospital's main entrance. **Registration is required for all events; register online at [porterhospital.org/events](http://porterhospital.org/events) or call 303-765-6549.**

## PALLIATIVE CARE — DEFINING YOUR MEDICAL CARE

Helping patients and their families understand the nature of illness and prognosis is a crucial aspect of palliative care. Specialists determine appropriate medical care and align the patient's care goals with those of the healthcare team. In this panel discussion, learn more about the program and how it may best serve those in need. Offered twice, both panels are identical.

- ▶ **Date:** Thu, Apr 16
- ▶ **Time:** 6-7 p.m.
- ▶ **Location:** Clermont Park, 2479 S. Clermont St.
- ▶ **Date:** Thu, Apr 30
- ▶ **Time:** 2-3 p.m.
- ▶ **Location:** Porter Place, 1001 E. Yale Ave.

## BUILDING YOUR RESILIENCE

Resiliency is your ability to bounce back from stressful or traumatic situations. When that isn't happening, you can develop unhealthy coping habits, anxiety disorders, and depression. Become more intentional in your actions and learn to bounce back more quickly.

- ▶ **Date:** Tue, May 5
- ▶ **Time:** 6-7 p.m.

## SIP AND PAINT — HEART AWARENESS

The risk of heart disease is easier to reduce than you realize. Join us for a night of painting and mocktails. Learn to spot the symptoms, dispel the myths, and reduce your risk. It might be easier than you think to put an end to heart disease. \*Space is limited.

- ▶ **Date:** Thu, May 7
- ▶ **Time:** 6-8 p.m.
- ▶ **Location:** Sipping N' Painting, 6300 E. Hampden Ave.

## ARTHRITIS EDUCATION DAY

Arthritis can have a crippling impact on everyday life. Join Porter Adventist Hospital and the Arthritis Foundation to get valuable information for coping

with this disease, improving your quality of life, and learning to control your symptoms.

- ▶ **Date:** Fri, May 8
- ▶ **Time:** 1-4 p.m.

## THINK F.A.S.T. — STROKE AWARENESS

Seconds count if you're having a stroke. Learn how to recognize symptoms and what to do if you are experiencing them. Join Stroke Program Coordinator Shelby Haschker to learn to identify and reduce your risk factors.

- ▶ **Date:** Tue, May 12
- ▶ **Time:** 6-7 p.m.

## WOMEN'S HEALTH — PELVIC FLOOR DISORDERS

It can be difficult to talk about certain issues if you're a woman. To get the proper treatment, you need to speak up. Dr. Johnny Yi is a strong advocate for women's health, specializing in pelvic floor disorders. Join us to learn more about the various forms of PFDs, how to spot the symptoms, and how to ask for help and treatment.

- ▶ **Date:** Thu, May 14
- ▶ **Time:** 6-7 p.m.

## SEASONAL ALLERGIES

Seasonal allergies are no joke. If you're one of the millions who suffer from seasonal allergies, finding relief for your symptoms can seem impossible. Dr. Shaila Gogate will help you learn to reduce exposure to allergy triggers, minimize symptoms, and when extra steps may be necessary.

- ▶ **Date:** Thu, May 21
- ▶ **Time:** 6-7 p.m.

## LET'S TALK ABOUT GERD

Gastroesophageal reflux disease (commonly known as GERD) affects more than 20 percent of the population. Many symptoms of this disease often mask themselves as other ailments or illnesses. Join Dr. Ashwin Kurian as he discusses the causes and symptoms of GERD, as well as new treatment options available.

- ▶ **Date:** Tue, May 26
- ▶ **Time:** 6-7 p.m.

## HealthFair

OWN YOUR HEALTH

Come for a variety of **FREE** and low-cost health screenings, and free health advice from the experts at Porter Adventist Hospital.

- ▶ **Date:** Wed, Apr 22
- ▶ **Time:** 7 a.m.-Noon

INSPIRE HEALTH

Porter Adventist Hospital

