After giving birth to her daughter Lillian, CHRISTY PFEIFER-GAMEZ had another life-changing event—heart failure.

Matters of the Heart

REAL PATIENTS. REAL STORIES.

SHOULDER PAIN SOLUTIONS
Treating the two most common causes PAGE 7

SAFEGUARD YOUR SKIN
Protect it from UV rays, even in the winter PAGE 3

BAYLOR Medical Center at Carrollton
Could It Be Sleep Apnea?

In children, this condition can sometimes be confused with ADHD

LOUD SNORING, gasping, tossing and turning in bed—these are common symptoms of sleep apnea in both adults and children. As many as 4 percent of children have obstructive sleep apnea, usually between the ages of 2 and 8, according to the American Sleep Apnea Association.

THE RIGHT DIAGNOSIS
Nicole Bryan, MD, an otolaryngologist (ENT) on the medical staff at Baylor Medical Center at Carrollton, notes that sleep apnea in children is often missed.

“It’s not well known, even among health care practitioners,” she says. “But it really can affect a child’s life, and there are effective treatments.”

The main cause of childhood sleep apnea is enlarged tonsils and adenoids in the back of the nose and throat that disrupt breathing at night.

Sleep apnea causes adults to feel fatigued during the day, “but children actually get more hyperactive, with difficulty concentrating and sitting still,” Dr. Bryan says. School performance naturally suffers, and there is evidence that some children diagnosed with attention-deficit hyperactivity disorder (ADHD) may actually have untreated sleep apnea.

KID-FRIENDLY TREATMENT
While adults undergo polysomnography (a sleep study) to diagnose sleep apnea, this is not often done in children. And while adults can adjust to wearing a continuous positive airway pressure (CPAP) mask to keep the airway open at night, if you try to get a child to do that, you can expect a fight.

“So the initial treatment for an otherwise healthy child is to remove the tonsils and adenoids,” Dr. Bryan says. It’s a day surgery procedure, with about a week of a sore throat—and that means plenty of ice cream. “This can be 70 percent to 90 percent effective.”

Hear, Hear!
Lack of sleep isn’t the only thing that can affect a kid’s school performance. Children with hearing problems have difficulty acquiring language and social skills. That’s why newborns are routinely screened before leaving the hospital.

According to Nicole Bryan, MD, an otolaryngologist (ENT) on the medical staff at Baylor Medical Center at Carrollton, the most common cause of hearing problems in young children, especially if they have repeated ear infections, is fluid retained in the middle ear.

Sleep apnea in children can contribute to bed-wetting, nightmares, sleepwalking and even childhood obesity. —American Sleep Apnea Association

Get an Expert Opinion
Is sleep apnea affecting your child? Call 1.800.4BAYLOR for a referral to an ENT specialist on the medical staff at Baylor Carrollton.

-Seek an evaluation with your pediatrician at the first sign of hearing difficulty,” Dr. Bryan says. “Fluid in the ear is easy to treat with tubes and can make a huge difference in a child’s hearing.”

Baylor Medical Center at Carrollton, 4343 N. Josey Lane, Carrollton, TX 75010. 972.492.1010. Visit BaylorHealth.com or call 1.800.4BAYLOR for information about Baylor Medical Center at Carrollton services, upcoming events, physician referrals, career opportunities and more.

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The ABCs of Skin Cancer

Frequent self-exams can identify suspicious lesions earlier. Here are the signs to watch for:

**A** is for Asymmetry
One half is different from the other half.

**B** is for Border Irregularity
The edges are notched, uneven or blurred.

**C** is for Color
The color is uneven. Shades of brown, tan and black are present.

**D** is for Diameter
The diameter is more than a quarter inch.

**E** is for Evolving
The lesion changes shape or appearance, either suddenly or over time.

Source: American Melanoma Foundation

For Bryan D. Brewer, MD, a general surgeon on the medical staff at Baylor Medical Center at Carrollton, raising awareness about skin cancer is personal.

“I have a high interest in skin cancer because I have many risk factors: fair skin, freckles, red hair and I sunburn easily,” he says. “It’s important to be aware of your skin and check for lesions year-round, not just in the summer.”

Skin damage from ultraviolet rays, which can penetrate clouds, occurs 365 days a year, and it develops from your cumulative sun exposure throughout your lifetime—not just the few bad sunburns you got as a child playing at the beach. Have a lesion? Here’s what to do.

**STAY SHARP**

If you have a lesion that looks a little unusual (see sidebar), keep track of it. A tip: Take monthly photos of it, using a ruler for context, to get a better picture of how it might be changing over time. Also, wear sunscreen, and know your family history.

“Those with a family history of skin cancer are at higher risk and should exercise more surveillance in observing lesions,” Dr. Brewer says.

**THROUGH THICK AND THIN**

Not all skin cancers are melanomas, the most dangerous kind—in fact, most are not. “One of the most important factors in any skin cancer, but especially with melanoma, is the thickness of the cancer,” Dr. Brewer says. “That’s the best prognostic indicator of how severe the disease is and will guide treatment.”

Surgeons perform an excisional biopsy, which completely removes the lesion from side to side and top to bottom, taking some extra skin on all sides to ensure that the margins left are clean of cancer cells.

“We’re more confident that an excisional biopsy will accurately determine the full thickness of the cancer.”

**SAVE YOUR SKIN**

Your skin needs your protection—even in the winter

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Eight weeks after Christy Pfeifer-Gamez gave birth to her fourth child, Lillian, on the Fourth of July, she started feeling ill. One morning she couldn’t even get out of bed. The doctors thought it might be pneumonia. They never expected it to have anything to do with her heart. After all, she was too young for that, they said.

Fortunately, Pfeifer-Gamez’s family persuaded her to transfer her care to Baylor University Medical Center at Dallas. “My husband, family, everyone just wanted me at Baylor,” the 28-year-old says. Their insistence may have saved her life. The doctors at Baylor discovered she had postpartum cardiomyopathy, meaning her heart had become weak and couldn’t pump blood efficiently. “I was put in a medically induced coma for three weeks,” she recalls. “After coming out of the coma, I had to learn how to do everything again. It took a lot of help from my physical therapists, my family and my husband for me to recover.”

Close to Your Heart
The truth behind four common heart health myths

Watch Christy’s Story
Hear Christy talk more about her experience by visiting BaylorHealth.com/Exclusive today.

Christy Pfeifer-Gamez thought she was just getting sick eight weeks after giving birth to her daughter Lillian. But in reality, it was heart disease.
Today, more than a year later, Pfeifer-Gamez is leading a heart healthy lifestyle. She stays active by playing in a coed soccer league with her husband, Freddy, and has changed her diet. “I’m on a low-sodium diet,” she says. “I don’t buy chips or snacks for the house. We eat more fruit and more salads.”

Pfeifer-Gamez also sees her doctor regularly and will have to take medication for the rest of her life. She knows that heart trouble doesn’t discriminate based on age. Do you? It’s time to dispel this heart myth, and a few others, for good.

**MYTH:** Heart disease can’t affect me. I’m too young!

**FACT:** Think again. As Pfeifer-Gamez’s experience shows, cardiovascular disease takes many forms, including heart failure, and can affect anyone. “Patients can be teenagers and younger, or in their 80s,” says Steve Simpson, MD, a cardiologist on the medical staff at Baylor All Saints Medical Center at Fort Worth.

This is why it’s important to know your family history and get your blood pressure and cholesterol levels checked early and often. “Plaque buildup can start as early as the teen years,” says Neeraj Arora, MD, a cardiologist on the medical staff at Baylor Regional Medical Center at Grapevine.

**MYTH:** Heart disease is a man’s disease.

**FACT:** “There could not be a bigger myth than this,” Dr. Arora says. “Heart disease is the leading cause of death among American women.” In fact, it kills more women ages 65 and older than all cancers combined—including breast cancer.

And yet most women tend to ignore or explain away the subtle symptoms that might signal heart trouble, including shortness of breath (with or without chest pain), nausea, cold sweats and pain in your chest (or arms, jaw, neck, back or stomach). If you experience any of these warning signs, speak up and seek help immediately.

**MYTH:** No one in my family has had a heart attack, so I’m off the hook.

**FACT:** First, make sure that’s true. Many people aren’t aware they have a family history of heart disease until a crisis strikes. Ask your parents and siblings if they have high blood pressure or cholesterol levels—both important risk factors to know about.

Second, if your own numbers are high, you smoke or you aren’t physically active, then you’re at risk, no matter what your family history is. On the other hand, even if you eat right and exercise, you can still be susceptible. Unfortunately, there’s no such thing as zero risk when it comes to heart disease, which makes managing the factors within your control (weight, activity level, diet) so important.

**MYTH:** I would be able to tell if I had high blood pressure.

**FACT:** “There’s a reason why hypertension is called the silent killer,” Dr. Arora says. “You may not have any symptoms from it.” The same is true for high cholesterol levels. Normal blood pressure is 120/80 or lower; your total cholesterol should be less than 200. Do you know what your numbers are? “Today there’s not much of an excuse not to know,” Dr. Simpson says.

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Is Your Congestive Heart Failure Under Control?

If you experience any of the symptoms below, call your primary care physician immediately. For a referral to a physician on the medical staff at Baylor Carrollton, visit FindDrRight.com.

**Healthy at Home with CHF**

Congestive heart failure (CHF) is the leading cause of hospitalization in people over 65, with many patients returning to the hospital within six months. Keeping CHF patients both healthy and out of the hospital improves quality of life for patients and lowers health care costs.

Working to earn heart failure accreditation from the Society of Cardiovascular Patient Care, Baylor Medical Center at Carrollton provides CHF patients with care that meets and exceeds established quality measures. According to Jim Hemmingway, RRT, director of pulmonary and neurodiagnostics at Baylor Carrollton, the key to better management of CHF is education.

“From the emergency personnel, physicians and nurses to pharmacy staff, social services and rehabilitation, we’re providing a multidisciplinary, collaborative approach to taking care of CHF patients, with the patient at the center of the care team,” Hemmingway says.

In the hospital, CHF patients learn about diet, medications and exercise, plus the warning signs that their CHF may be worsening, which include:

- Weight gain (three pounds in a day or five pounds in a week)
- Swollen feet or ankles
- Exhaustion or difficulty doing activities, like walking
- Coughing or shortness of breath

By understanding and keeping up with their treatment, CHF patients can live well for many years.
FOR MORE THAN A DECADE, the researchers at Baylor Institute for Immunology Research (BIIR), a component of Baylor Research Institute (BRI), have been studying cell-based cancer vaccines—a treatment option that shows promise.

The research at BIIR focuses on using dendritic cells, which are the body’s first line of defense against immune system challenges. Because certain types of cancer can get past the immune system, BIIR researchers activate a patient’s own dendritic cells to fight against these forms of cancer.

The work is being carried out with melanoma, an aggressive form of skin cancer, as well as breast and pancreatic cancers.

“We have made substantial progress in the laboratory, especially in pancreatic and breast cancer,” says Karolina Palucka, MD, PhD, director of the Ralph Steinman Center for Cancer Vaccines at BIIR. “We are now requesting FDA approval for two larger clinical trials.”

One of the studies will look at a pancreatic cancer vaccine that has been in development at BIIR for more than four years. The other will study a vaccine against breast cancer, also a long-term project.

Working in conjunction with other researchers—including Yong-Jun Liu, MD, PhD, vice president and chief scientific officer of BRI—Dr. Palucka hopes testing these vaccines in a larger patient population will validate their findings to date.

“We are very encouraged based on our clinical trials data in patients with melanoma from the past 10 or 12 years,” she says. “We have good data in terms of patients’ survival, so we’re optimistic.”

Dr. Palucka credits the dedication and hard work of the team over many years with the progress they’ve made so far.

“We don’t think these vaccines will solve everything, but they could be a very important component,” she explains. “Immunotherapy as cancer therapy is coming of age and is becoming more mainstream in oncology.”

Get Involved
To learn about these and other research trials at Baylor open to participants, visit BaylorHealth.com/AdvancingMedicine.
ARMED FOR SUCCESS
Get painful shoulders back in the swing of things

WHETHER YOU’RE REACHING FOR A GLASS on the top shelf, waving to neighbors or washing your hair, you probably don’t even realize how much you use your shoulders—until they start to hurt.

The menu of shoulder problems includes rotator cuff tears, dislocation and shoulder arthritis, not to mention bursitis and injury from trauma and falls.

The good news is that conservative treatment is effective in many cases. “Because of the anatomy of the shoulder, with all the muscles, ligaments and tendons, it is very responsive to physical therapy,” says Mitchell Fagelman, MD, an orthopedic surgeon on the medical staff at Baylor Medical Center at Carrollton.

Here we take a look at the two most common causes of shoulder pain.

WHEN IT’S YOUR ROTATOR CUFF
Many people have heard of this but aren’t quite sure what it is.

“The rotator cuff is a group of four muscles and tendons that attach to the humerus, the bone in the upper arm, and its primary function is to center the ball in the shoulder socket,” Dr. Fagelman says. “It allows your arm to make powerful overhead movements and to rotate outward.”

Chronic overuse of the shoulder, from sports like tennis, volleyball and swimming, or jobs that require overhead work, may lead to pain and rotator cuff symptoms, but many rotator cuff tears are simply the result of wear and tear over time, Dr. Fagelman says.

Many shoulder repairs that once required open surgery are now done through an arthroscope, with less pain and a faster recovery.

“Most rotator cuff tears can be repaired arthroscopically by a physician who is experienced and comfortable with the minimally invasive technique,” Dr. Fagelman says.

WHEN IT’S DEGENERATIVE ARTHRITIS
Dr. Fagelman recommends joint injections to relieve pain and inflammation, then shoulder replacement if the pain becomes severe enough. Reverse shoulder replacement, a newer technique, is beneficial for patients with severe joint damage or who’ve already had multiple shoulder surgeries.

When to See a Doctor
1. You’ve fallen and have significant shoulder pain or weakness.
2. You can’t put your arm behind your back or lift it overhead.
3. You’ve had mild but nagging shoulder pain for six weeks that is not improving.
4. The pain is worse at night or wakes you up.
5. There is redness, swelling and tenderness around the joint.

It is important to be evaluated by a physician, who will take X-rays and examine your shoulder by hand. If you let shoulder pain go too long, you risk loss of strength and motion.
COMMUNITY CALENDAR
January & February 2013
Registration required for all events unless otherwise indicated. Call 1.800.4BAYLOR to register.

HEALTH SCREENINGS
Know Your Numbers
Free screenings for blood pressure, weight, BMI, oxygen level and body fat. Plus, cholesterol panel and glucose testing for $15. Feb. 20, 7 to 9 a.m., front lobby.

Screening Mammograms
An annual screening mammogram can detect breast cancer at its earliest stage. Recommended for women 40 and older, screening mammograms do not require a physician’s order. Call 972.394.1080 today to schedule this lifesaving exam. Saturday appointments are available.

SUPPORT GROUPS
Weight Loss Surgery Support Group
Led by a certified bariatric nurse who is also a successful weight loss surgery patient. Jan. 9 and Feb. 14, 6:30 p.m. Call 1.800.4BAYLOR for location details and to register.

WOMEN’S AND CHILDREN’S EDUCATION
Preparation for Childbirth
Five weekly sessions beginning Jan. 15 or Jan. 21, from 6:30 to 9:30 p.m. No charge.

Weekend Childbirth Seminar is a two-day version of Preparation for Childbirth. Feb. 2 and Feb. 9. No charge.

All About Baby teaches infant care and development. Jan. 24 or Feb. 7, 6:30 to 9:30 p.m. $30

Infant and Child CPR teaches basic skills but is not a certification course. Jan. 12 or Feb. 23, 9 a.m. to noon. $30

Big Kid’s Club is designed to help siblings, ages 3½ to 8, adapt to a new baby. Feb. 10, 2:45 p.m. $15

All maternal and child health information classes will be in Classroom 202.

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1.26.13
FREE WOMEN’S HEALTH & WELLNESS EVENT!

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For Women For Life™
2013
SATURDAY, JANUARY 26, 2013
7:30 AM TO 11:30 AM

Baylor Carrollton is planning a special day just for women called For Women For Life™. Attendees will receive free health screenings and assessments, a continental breakfast and attend health education presentations. There is no cost for the event, but attendance is limited and registration is required. Get your girlfriends together and register today!

Go to BaylorHealth.com and keyword search ForWomen3
RSVP at 1.800.4BAYLOR

DOWNLOAD A CODE READER ON YOUR SMARTPHONE AND SCAN THIS QR CODE TO SEE EVENT DETAILS

EVENT LOCATION
Baylor Medical Center at Carrollton
4343 N. Josey Ln., Carrollton, TX 75010

*Fasting is required for accurate glucose and cholesterol readings.