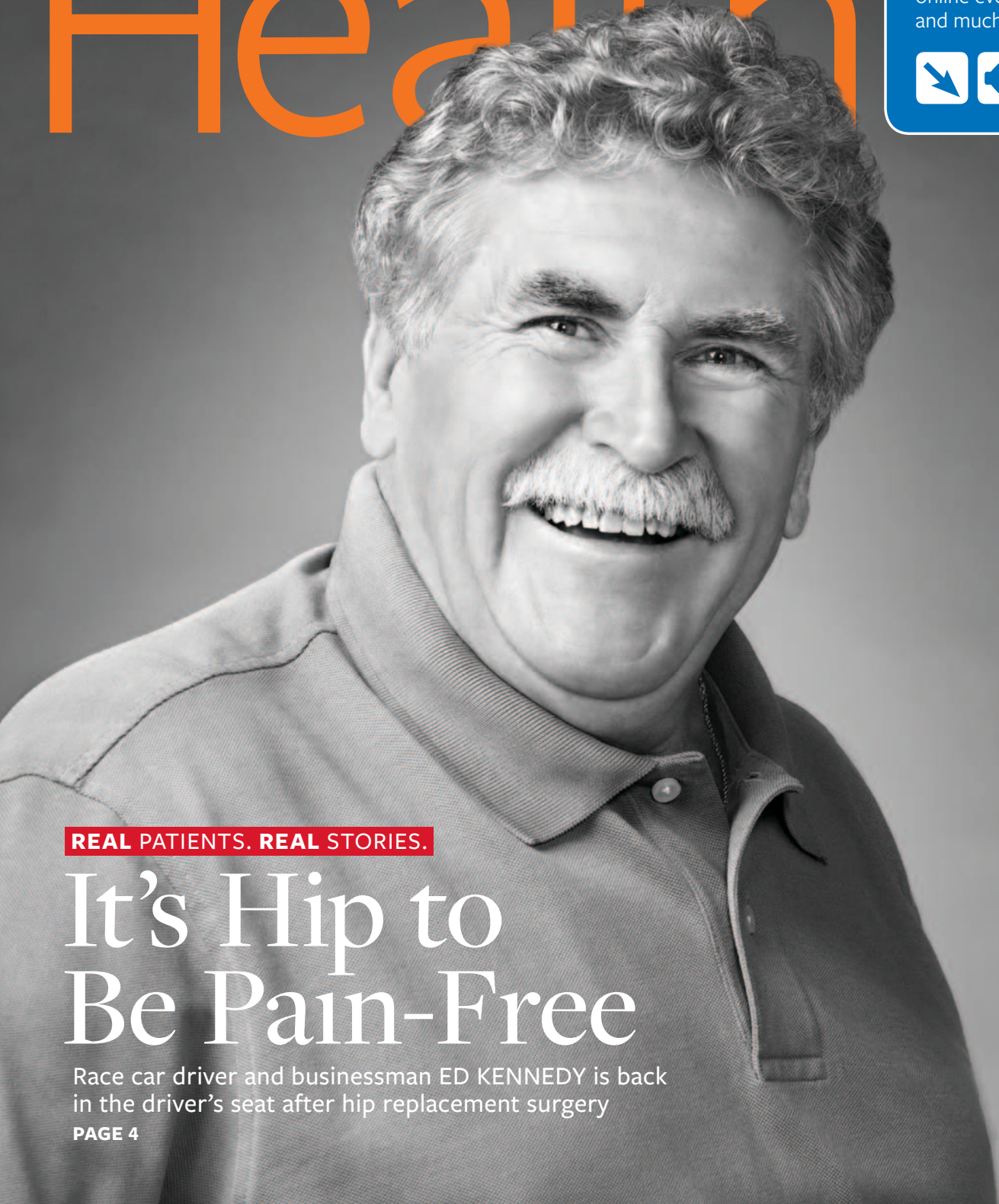


July 2012

# Baylor Health

DALLAS EDITION

Visit [BaylorHealth.com/Dallas](http://BaylorHealth.com/Dallas) for informative videos, interactive quizzes, online event registration, and much more.



**REAL PATIENTS. REAL STORIES.**

## It's Hip to Be Pain-Free

Race car driver and businessman ED KENNEDY is back in the driver's seat after hip replacement surgery

PAGE 4



**YOUR PAIN EXPLAINED**  
Find out what's causing your tummy troubles **PAGE 2**



**CAN'T SLEEP?**  
Therapy can help retrain your brain into slumber **PAGE 7**



# Your Pain Explained

Find out what's causing your abdominal and pelvic discomfort

AS YOU'RE MOVING to your exercise playlist after work this evening, some pretty cool routines are happening on the inside, too. You're digesting that burrito you ate for lunch; your kidneys are making urine; your colon is processing breakfast; and, if you're a woman, your ovaries and uterus are preparing for your monthly cycle.

Your body is a well-oiled machine, but sometimes things can veer off course. When that happens and you feel pain down in your abdomen, the reason might be one of 10 possibilities (*please see chart on next page*).

Because they share many of the same symptoms, differentiating among these conditions can be difficult. Important clues include:

- Your age and gender
- Any previous abdominal or gynecologic surgery
- Family history of any type of cancer
- Whether the pain is constant, or comes and goes

"Pelvic pain that is gynecological in nature, such as with endometriosis, menstrual cramps or dysmenorrhea [severe cramping], tends to be cyclic," says LeAnn Haddock, MD, an Ob-Gyn on the medical staff at Baylor University Medical Center at Dallas.

Another possible culprit? "Americans tend to have a low-fiber diet, which makes the muscles in the colon wall work harder to move material through," says Angela Carollo, MD, a gastroenterologist on the medical staff at Baylor Dallas. Over time, it is thought that wear and tear may cause weaknesses in the colon wall, which can lead to pockets called diverticulosis. These pockets can get infected and cause diverticulitis, which can be painful.

Or there could be a urologic cause behind that twinge. "Kidney stone pain is typically felt as a persistent pelvic pain throughout the groin area that tends to come and go. It is often associated with voiding difficulty, or a sensation to strain to pass urine with poor flow, particularly

## When to See Your Doctor

If you experience any of these symptoms, make an appointment with your physician:

- Sudden change from regular to irregular bowel movements
- Severe diarrhea or constipation
- Stools changing shape or color
- Digestive discomfort after eating certain foods
- Abdominal swelling
- Significant, unexpected weight loss
- Abnormal bleeding or vaginal discharge

urinary frequency and urgency," says Eric Smith, MD, a urologist on the medical staff at Baylor Dallas.

Physical examination, and blood and imaging tests will further narrow down the possibilities. A pain history is also important. Take note of when the pain began; its location and severity; how long it has lasted; and what makes it better or worse. For example, does the pain get worse after you eat?

"Any pain associated with a fever or shaking chills should be evaluated immediately," Dr. Smith says.

Baylor University Medical Center at Dallas, 3500 Gaston Ave., Dallas, TX 75246. Patient Information: 214.820.0111. Volunteer Opportunities: 214.820.2441. Giving Opportunities/Baylor Health Care System Foundation: 214.820.3136. Visit [BaylorHealth.com](http://BaylorHealth.com) or call 1.800.4BAYLOR for information about Baylor University Medical Center at Dallas services, upcoming events, physician referrals, career opportunities and more.

Baylor Health Care System Mission: Founded as a Christian ministry of healing, Baylor Health Care System exists to serve all people through exemplary health care, education, research and community service.

President and CEO, Baylor Health Care System: Joel Allison. President, Baylor University Medical Center at Dallas: John B. McWhorter III. Marketing/Public Relations Director: Andree Bourgeois. Editor: Lauren Dysert. Baylor University Medical Center at Dallas Board of Trustees: J. Kent Newsom, Chair; Dighton Packard, MD, Vice Chair; Robert Mennel, MD; CT (Sparkey) Beckham; John B. McWhorter III; Michael Ramsay, MD; Judge Oswin Chrisman; Ronald D. Murff; Gretchen Williams; Michael L. Graham; Donald H. Wills; James H. Gray, MD; Timothy Owens. Ex-Officio Members (Medical Staff Officers): Carolyn Matthews, MD, President; Ravi C. Vallabhan, MD, Past-President; Christie Columbus, MD, President-Elect.

The material in *BaylorHealth* is not intended for diagnosing or prescribing. Consult your physician before undertaking any form of medical treatment or adopting any exercise program or dietary guidelines. Physicians are members of the medical staff at one of Baylor Health Care System's subsidiary, community or affiliated medical centers and are neither employees nor agents of those medical centers, Baylor University Medical Center at Dallas or Baylor Health Care System. Photographs may include models or actors and may not represent actual patients. *BaylorHealth* is published by McMurry six times a year for friends and supporters of Baylor University Medical Center at Dallas. © 2012 Baylor Health Care System. If you are receiving multiple copies, need to change your mailing address or do not wish to receive this publication, please send your mailing label(s) and the updated information to Robin Vogel, Baylor Health Care System, 2001 Bryan St., Suite 750, Dallas, TX 75201, or e-mail the information to [robinv@baylorhealth.edu](mailto:robinv@baylorhealth.edu).





## Ask an Expert

For a referral to a gastroenterologist, urologist or Ob-Gyn on the medical staff at Baylor Dallas, call **1.800.4BAYLOR** or visit **BaylorHealth.com/Dallas**.



# 10 CAUSES OF ABDOMINAL AND PELVIC PAIN

	DESCRIPTION OF PAIN	OTHER SYMPTOMS	TREATMENT	
GASTROINTESTINAL	<b>Diverticulitis</b>	Tenderness in lower-left abdomen with occasional sharper pain, especially after meals	Bloating; diarrhea; constipation; if infection is present: nausea; vomiting; fever; cramping	Antibiotics; a low-fiber diet to help the colon rest; surgery if attacks recur or complications develop
	<b>Crohn's disease</b>	Cramping pain (affects end of small intestine and parts of colon)	Severe diarrhea; bloody stools; loss of appetite; weight loss; fever	Dietary changes; anti-inflammatory and immune-suppressant medication; surgery in some cases
	<b>Ulcerative colitis</b>	Cramping pain (affects colon and rectum only)	Severe diarrhea; bloody stools; loss of appetite; weight loss; fever	Dietary changes; anti-inflammatory and immune-suppressant medication; surgical removal of inflamed portion of colon
	<b>Irritable bowel syndrome (IBS)</b>	Cramping pain, relieved by bowel movement; change in frequency or appearance of stool, or both	Constipation; diarrhea; gas; bloating	Dietary changes; medication; stress management
	<b>Appendicitis</b>	Sudden pain near bellybutton, moving to lower-right abdomen that worsens within hours	Nausea; vomiting; loss of appetite; inability to pass gas; abdominal swelling; low-grade fever	Seek emergency treatment for surgical removal of appendix
URINARY	<b>Kidney stones</b>	Sudden attack of severe, constant, cramping pain in the back and side or pelvis	Nausea; vomiting; pink urine (from blood)	Increase water intake and use pain medication as needed until stone passes
GYNECOLOGIC	<b>Endometriosis</b>	Cramping pelvic pain during or before monthly cycle (may occur with intercourse, bowel movements or urination)	Bleeding between periods; inability to get pregnant due to endometrial tissue attached to ovaries or fallopian tubes	Over-the-counter pain relievers; hormone medications to slow growth and prevent new adhesions; surgery to remove adhesions
	<b>Uterine fibroids</b>	Occasional dull, heavy, aching pain in lower abdomen or lower back (may worsen during intercourse)	Irregular, heavy periods; pelvic pressure; changes in urination; constipation; abdominal cramps; enlarged abdomen; miscarriage/infertility	Hormone medications; ablation or uterine artery embolization; surgical removal of fibroids or uterus
	<b>Uterine cancer</b>	Pain not usually a symptom, although dull pain can occur	Bloating; abnormal bleeding; spotting; vaginal discharge	Surgical removal of tumors and uterus; radiation; chemotherapy; hormone therapy
	<b>Ovarian cyst</b>	Dull or sharp pain on one side of the lower abdomen	Acute, sharp pain if an enlarged cyst ruptures or a large cyst causes the ovary to twist	Surgery to remove the cyst or ovary

Sources: National Digestive Diseases Information Clearinghouse; National Kidney & Urologic Diseases Information Clearinghouse; American Congress of Obstetricians and Gynecologists; and Angela Carollo, MD, LeAnn Haddock, MD, Charles Richardson, MD, and Eric Smith, MD, physicians on the medical staff at Baylor Dallas.



# Have No Fear

Worried about joint replacement surgery? We'll put you at ease

When entrepreneur and race car driver Ed Kennedy found out last year that he needed joint replacement surgery on his right hip, he was ready to act fast. The momentum came from a powerful testimonial: his own left hip replacement more than a decade before.

Kennedy, who says he is “61 going on 30,” was hesitant about surgery the first time around. “I’m always on the go, going 100 miles an hour every day of the week. To be tied up recovering from surgery sounded like being put in jail.”

But the Coppell resident knew he had to do something. His hip pain was constant, disrupting his sleep and making it hard for him to walk or even sit through a movie with his wife.

After the first operation, “it was like hitting a switch,” Kennedy says. “The pain was gone. The second time around, I couldn’t wait for that relief.”

Thanks to hip replacement, Kennedy came out of semiretirement to run several businesses, including a water park in Florida. He still races at Daytona and Talladega every year.

After hip replacement surgery, Ed Kennedy is back to doing the things he enjoys, including watching movies with his wife, Pam.

## Hear More of Ed's Story

To watch a video about Ed's story, visit [BaylorHealth.com/Healthcast](https://www.baylorhealth.com/Healthcast) today.



## Find Out If It's Time for Replacement

If you've been putting off talking to your doctor about joint replacement surgery, make an appointment today. To find a physician on the medical staff at Baylor Dallas, call **1.800.4BAYLOR** or visit **FindDrRight.com**.

### FEARS VERSUS FACTS

Joint pain like Kennedy's occurs when the cartilage that cushions joints is damaged by arthritis, meaning bone rubs directly on bone, causing pain and dysfunction. If conservative treatments such as medication or physical therapy aren't enough, joint replacement surgery is an option to relieve pain and restore function.

If you are considering having joint replacement surgery but you're afraid—as Kennedy was years ago—to take that next step, let us help you put your fears to rest.

#### FEAR #1

##### THE SURGERY ITSELF

Joint replacement is one of the most common and successful orthopedic surgeries, according to the Centers for Disease Control and Prevention. "Ninety to 95 percent of the time, people have a good to excellent result," says Marc S. Goldman, MD, an orthopedic surgeon on the medical staff at Baylor University Medical Center at Dallas.

Fear of pain can make people hesitant to head to the operating room. "Compared to a decade ago, we do more to control postoperative pain than we used to," says Jeffrey D. Moffett, MD, an orthopedic surgeon on the medical staff at Baylor Regional Medical Center at Grapevine. Options include oral pain medication, injections, self-administered pain pumps and nerve blocks, which may be used in combination.

The short-term pain of recovery can actually be a welcome change from the chronic pain of arthritis. "Patients tell me, 'My pain is so different now. I can feel that it gets better day by day, and the pain I had before only got worse,'" Dr. Moffett says.

#### FEAR #2

##### THE RECOVERY PROCESS

If you sympathize with Kennedy's fear that recovering from surgery would feel like being jailed, take heart: "People think they're going to be down for a long period of time," says Charles E. Toulson, MD, an orthopedic surgeon and medical director of the Total Joint Replacement Center at Baylor Regional Medical Center at Plano. "At Baylor, we use advanced techniques, so patients are returning to an active lifestyle much more quickly than before."

Typically, patients go home from the hospital in two to three days and participate in outpatient rehabilitation three times a week for the first month, Dr. Goldman says.

"Once you get past that first month, people are often already better than they were before the surgery," Dr. Moffett says. "The full recovery is somewhere between three and six months."

#### FEAR #3

##### MY ACTIVITY LEVEL WILL CHANGE

You're right about this one—but most likely it will change for the better! It's true that avoiding high-impact activities reduces wear and tear on the joint, but in general, joint replacement helps people stay more active, not less.

"Arthritis is generally a progressive problem that gets worse as time goes by," Dr. Moffett says. By undergoing joint replacement surgery, "you're looking at a short-term hardship for a long-term gain."

After 20 years, 93 percent of knee replacements and 95 percent of hip replacements are still functioning well, based on current information. With new technology, today's implants have the potential to last even longer.

"Joint replacement surgery changes people's lives," Dr. Goldman says. "Most people say, 'I wish I'd done it sooner.'"

## 'Don't Waste a Minute'

For Plano residents Joe Harrison and his wife, Donna Wilkins, the ultimate escape involves camping or a little R&R at their vacation home in Hawkins, Texas. But it was hard to enjoy these getaways while Harrison was suffering from severe hip pain, caused by arthritis.

First, he had his right hip replaced at a clinic in Tennessee. Then, just over a year ago, he had his left hip replaced—this time at Baylor University Medical Center at Dallas.

He only spent a day and a half in the hospital. Using a walker and then a cane for a short time after the surgery, he was walking on his own before his six-week follow-up appointment.

"The results were unbelievable," Wilkins says. "He was in such pain before the surgery that the hip replacement was a blessing for him."

Harrison offers some advice about joint replacement: "Don't waste a minute of your life putting it off. Your pain will only get worse, and you'll have it the rest of your life."

"Before the surgery, I could only walk as much as was absolutely necessary. Now I go everywhere—to walk the dogs, work outside, travel. It has given me my life back."



# Studying Stress

Baylor researchers look at the effects of working with trauma patients

ANYONE WHO HAS WATCHED a medical drama on TV can imagine how stressful it is to work with critically injured patients.

Baylor researchers are examining just how much this stress can affect health care providers. What's more, they want to learn what might be done to ease or prevent what's known as secondary traumatic stress.

Secondary traumatic stress is similar to post-traumatic stress disorder, says Ann Marie Warren, PhD, ABPP, a licensed psychologist and an associate investigator of trauma research in the Level I Trauma Center at Baylor University Medical Center at Dallas.

"The empathy that draws people to the health care profession actually makes us susceptible to secondary traumatic stress," she explains.

Clinicians experiencing secondary traumatic stress might find themselves thinking too much about the traumatic stories they hear or having nightmares that the traumas are happening to them. Other symptoms include trouble sleeping and irritability.

As a Level I Trauma Center, Baylor Dallas treats some of the area's most critically injured patients. The study is looking at every discipline that cares for trauma patients, including doctors,

nurses, surgeons, emergency medical personnel and rehabilitation therapists. Researchers want to better understand not only the incidence of secondary traumatic stress but also the theory that the more resilient medical personnel are, the less likely they might be to develop secondary traumatic stress.

By gathering data on the clinicians' backgrounds, experiences and reactions to patients, the researchers hope to better understand secondary traumatic stress. This knowledge may be able to help them develop management and prevention strategies.

Although the study is focused on trauma clinicians, the researchers hope to expand their work to include other medical specialties, as well as family members who are caring for trauma patients.

"Family members aren't usually professional caregivers, so you can imagine that the experience of living through these events is significant," Dr. Warren says. "As for our clinicians, we want to help take care of them and improve their quality of life—which can ultimately translate into better patient care."



## Are You a Clinician?

The study of Secondary Traumatic Stress in Clinicians is limited to Baylor Dallas personnel, but it may be open to other health care providers in the future. Email

**AnnMariW@BaylorHealth.edu** or call **214.820.4460** to learn more.



## THE SLEEP COACH

Retrain your brain to treat insomnia

EVERY NIGHT, millions lie awake with insomnia. Until recently, Sandra Hamilton was one of them. Then she completed four weeks of cognitive behavioral therapy for insomnia (CBT-I), a technique offered through the Baylor Center for Pain Management and the Sleep Center at Baylor University Medical Center at Dallas.

“This approach helps the patient overcome the underlying causes of insomnia, rather than relying on medication to sleep,” says Timothy S. Clark, PhD, a psychologist at Baylor Dallas and program director of the Comprehensive Outpatient program at Baylor Center for Pain Management.

### NEW CUES FOR SLEEP

Simply put, CBT-I helps patients relearn how to sleep. Through weekly visits that incorporate counseling, biofeedback,

a sleep diary and more, patients learn to change the thoughts, behaviors and environmental factors that get in the way of uninterrupted slumber.

As with many patients, Hamilton’s insomnia was connected with chronic pain. “I would wake up three or four times each night and have a difficult time going back to sleep,” she says.

Relaxing rituals before bed, like soft music or a warm bath, help sleep come more naturally. As part of her therapy, Hamilton learned progressive

40  
million

The number of Americans who report having sleep difficulties.

### Tips for a Good Night’s Rest

- Keep bedroom cool and dark.
- Remove TV and electronics.
- Maintain a regular schedule.
- Avoid caffeine, exercise and heavy meals three hours before bed.
- Eliminate negative thoughts that increase stress and tension.

### Don’t Lose Any More Sleep



For a referral to the Sleep Center at Baylor Dallas, call **1.800.4BAYLOR**.

muscle relaxation and guided imagery with relaxation tapes (imagining herself on the beach in Galveston). To keep her mind from racing at night, she prepares a list for the next day to clear her mind.

“Now I’m sleeping through the night, and I have more energy,” she says.

### A LONG-TERM SOLUTION

“When patients come to doctors for insomnia, often they have had it for many years,” says David Luterman, MD, medical director of the Sleep Center and a pulmonologist on the medical staff at Baylor Dallas. “All day long they dread the coming night because they have trained themselves to expect a bad night’s sleep. The bedroom is not a friendly place for them.”

The goal of CBT-I is to reestablish sleep as a pleasant experience and reinforce that patients *can* clear their minds, get to sleep and maintain the good habits they have relearned.

Research studies indicate that CBT-I is just as effective as sleeping pills in treating insomnia. And for people who would rather not take medication, it’s a long-term solution for achieving that elusive good night’s sleep.



## COMMUNITY CALENDAR

July & August 2012

### EVENTS

**Camp Airways** July 13 & Aug. 3. If your child is between ages 8 and 12 and has asthma, enroll him or her in this free day camp to learn how to control asthma triggers while still being active and having fun! For more information or to register, call **1.800.4BAYLOR**.

### Art for Asthma™

Accepting entries July 23 through Oct. 4. If you have or know a child in grades 1 through 12 who has asthma and enjoys art, he or she can express how asthma control or an asthma attack feels in this annual competition. For more details, visit [BaylorHealth.com/ArtforAsthma](http://BaylorHealth.com/ArtforAsthma).

### Ventricular Assist Device Informational Seminar

July 18 & Aug. 15, 4 to 5 p.m. 621 N. Hall St., Baylor Heart and Vascular Institute Classrooms. If you have a weakened heart or heart failure, a left ventricular assist device (LVAD) may be a treatment option for your condition. Attend a free class to learn if you are a candidate. Call **1.800.4BAYLOR** to register.

### ONGOING PROGRAMS

The Cvetko Patient Education and Support Center at Baylor Charles A. Sammons Cancer Center at Baylor Dallas offers support groups for 13 cancer-specific diagnoses. For details and meeting times for the support groups, please call **214.820.2608**.

**Diabetes Support Group** Ruth Collins Diabetes Center at Baylor Dallas. Call **214.820.8988** for dates and location.

**Newborn and Parenting Classes** Women's and Children's Services classes held all year on a variety of topics. Seating is limited. Registration required. Call **1.800.4BAYLOR**.

**Saturday Mammogram Clinics** Baylor Dallas Breast Imaging Centers. For dates and to schedule an appointment, call **1.800.4BAYLOR** or visit [BaylorHealth.com/DallasBreastImaging](http://BaylorHealth.com/DallasBreastImaging).

**Skin Cancer Screening Clinic** July 20 & Aug. 17, 10:30 a.m. to noon. Baylor Charles A. Sammons Cancer Center, Oncology Outpatient Clinic, Suite 250. Call **214.820.8577** to schedule an appointment.

**Weight Loss Surgery Seminars** July 10, 25 & Aug. 14, 22, 6 to 7:30 p.m. Baylor Health Center at North Dallas. Seating is limited. Call **1.800.4BAYLOR** for a reservation.

**Weight Loss Surgery Support Group** July 12 & Aug. 9, 6:30 to 8:30 p.m. Baylor Health Center at North Dallas. Seating is limited. Call **1.800.4BAYLOR** for a reservation.

REAL PATIENTS. REAL STORIES.

“Still running.”



As a triathlete and former Dallas County constable, Kevin Schoch couldn't do his job without the use of his knee. But severe arthritis left him with debilitating pain, and even two surgeries couldn't help. "I was out of options," he says. Then he went to Baylor University Medical Center at Dallas, where advanced orthopedic procedures helped restore function and helped eliminate his pain. "Other doctors told me to forget running," he says. "But at Baylor, they said they could help me. Eight months later, I ran a triathlon."

For a physician referral or for more information about orthopedic services, call **1.800.4BAYLOR** or visit us online at [BaylorHealth.com/DallasOrtho](http://BaylorHealth.com/DallasOrtho).

3500 Gaston Avenue  
Dallas, Texas 75246



FOLLOW US ON:  
Username: BaylorHealth



Physicians are members of the medical staff at one of Baylor Health Care System's subsidiary, community or affiliated medical centers and are neither employees nor agents of those medical centers, Baylor University Medical Center at Dallas or Baylor Health Care System. ©2012 Baylor Health Care System BUMCD\_537\_2012\_Ortho BHM CE 04.12