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GoldenCare Update

HEALTH NEWS PROVIDED TO ANYONE 60 OR OLDER AS PART OF GOLDENCARE MEMBERSHIP • WINTER/SPRING 2012

GOLDEN CARE® 25 Years

25 YEARS AND COUNTING GoldenCare's free membership program at St. Mary's and St. Clare is celebrating 25 years in 2012—the same year that St. Mary's Hospital marks its centennial. Watch for more information about anniversary events and plan to help celebrate!

ENJOY THE PERKS GoldenCare members receive discounts worth noting. St. Clare Hospital announces new discounts on gift shop items in addition to cafeteria purchases. At St. Mary's in Madison and the new St. Mary's in Janesville, which opened to patients and visitors on Jan. 9, the same discounts are available for food and gifts.

St. Mary's Janesville Hospital

A NEW CHAPTER After years in the making, St. Mary's Janesville Hospital opened to patients and visitors on Jan. 9, giving residents of the Janesville area more choice in hospital care. The facility, at the intersection of I-90 and Highway 11, was built alongside a new Dean Clinic to provide the convenience of a full spectrum of clinic and hospital care.

WINTER
A WEIGHTY CHALLENGE

The cold truth about winter is this: It's not always figure-friendly. ✦ "Winter is the season when the scales often move in the wrong direction," says Jessica Crandall, RD, speaking for the Academy of Nutrition and Dietetics. "And it's not just because of the holidays."

Cold weather can make us ditch our plans to exercise. It can also make us load up on calorie-rich comfort foods like mac and cheese and wear bulky clothes that hide—at least initially—extra pounds. And winter's shorter, darker days can affect our mood and make some of us feel blue enough to overeat in an attempt to feel better.

Still, it's possible to keep your summer weight all winter long—and even drop pounds if you need to. Follow this advice from Crandall and other experts:

- Move your exercise routine inside if sidewalks are icy or the weather is frigid. Head to the mall for your daily walk. Rather than biking on trails, sign up for a spinning class. Or work out at home with a fitness DVD.
- Step on the scale every week. This way the pounds won't creep up on you without your knowledge. And if you do gain weight, you can take corrective action.
- Fill half your plate with fruits and vegetables and eat these foods first. Because it's rich in fiber, produce helps you feel full. It's also usually low in calories.
- Always eat breakfast. If you skip this morning meal, you set yourself up for overeating later in the day. What's more, missed meals may lower the rate at which your body burns energy.
- Plan your meals in advance. "When you wing it, you frequently end up grazing on high-calorie, high-fat foods," Crandall says.
- Finally, don't multitask while eating. Make eating the only event, rather than nibbling mindlessly while you watch TV, talk on the phone, read or drive.

The cold dilemma

Should a cold keep you on the couch?

That's a question you might ask yourself if you like to exercise but are sneezing, sniffling and reaching for tissues. The answer depends on the severity and location of your symptoms, reports the American College of Sports Medicine.

Moderate exercise is generally fine if your cold symptoms are confined to your head—for example, if you're bothered by a runny nose, nasal congestion or a sore throat. But hold off doing intense exercise until after you're feeling better for a few days.

Don't exercise at all if your cold has spread beyond your head—for instance, if you have a fever, swollen glands or chest congestion. You need to rest, not work out.

Also, you don't want to rush back into your routine. Whenever you're recovering from a nasty cold (or the flu), gradually ease back into exercise after at least two weeks of rest.

February is American Heart Month. Be good to your heart by keeping your weight in check.

InSide

St. Mary's and St. Clare celebrate American Heart Month.
See the stories on pages 3, 4 and 5 and the calendar on page 8.

PERCENTAGE ESTATE GIFTS

LEAVING A GREAT LEGACY

RON RUDY, MD, and his wife, Petie, were certain of two things they wanted to accomplish in life. The first was to always meet their family's needs. The second was to leave a legacy for the institutions and causes that have influenced their lives. By making a gift of a percentage of their estate to St. Mary's Foundation, they have done both.

"Ron's role as a surgeon and my involvement with the foundation board have given us front-row seats to see all of the wonderful things that have happened at St. Mary's through the years," acknowledges Petie, whose husband passed away in 2010. "We also both witnessed, as patients,

how St. Mary's employees live and practice their mission statement. We have been so proud to be associated with St. Mary's and want to leave a legacy gift to ensure the continued excellence of the health care of this exceptional organization. We know every legacy gift, no matter the size, makes a difference."

FOR MORE INFORMATION

about gift planning that can benefit your hospital and your community, please contact:

St Mary's Foundation
www.stmarysfoundation.org/plannedgiving
608-258-5600

St Clare Health Care Foundation
www.stclare.com/foundation
608-356-1449

French country bean soup

Ingredients

2 tablespoons olive oil
1 carrot, cut in half-moons
1 rib celery, sliced
1 small onion, chopped in bite-size pieces
1 small leek, chopped in bite-size pieces
3 outer leaves Savoy cabbage, rolled and cut in ½-inch strips
4 cups fat-free, reduced-sodium chicken broth
1 teaspoon dried thyme
1 garlic clove, chopped
2 cups squash (e.g., butternut), peeled and diced
1 can (15 ounces) chickpeas or white beans, rinsed and drained
1 cup cooked chicken cut in bite-size pieces (optional)

Directions

■ Heat oil in medium Dutch oven or large, deep saucepan.
■ Saute carrot, celery, onion, leek, and cabbage until leaves are bright green and other vegetables start to soften, about 3 minutes.
■ Add broth. Cover and simmer for 15 minutes.
■ Add thyme, garlic, squash and beans. Cover and simmer 15 minutes. Stir in chicken, if using.
■ Ladle soup into deep bowls and serve accompanied by toasted slices of whole-grain French bread or other rustic bread. (This soup reheats well. It keeps up to 5 days, covered, in the refrigerator.)

Nutrition information

Makes 8 servings (with chicken). Amount per serving: 123 calories; 3g total fat (2g saturated fat); 18g carbohydrates; 3g protein; less than 1g dietary fiber; 586mg sodium; 425mg potassium.

Source: American Institute for Cancer Research

A SEASON OF SADNESS

Winter can trigger depression

AS FALL SLIDES DEEPER INTO WINTER, does a familiar downturn in your mood start to settle in? If so, you might have seasonal affective disorder (SAD).

SAD is a type of depression linked to low amounts of sunlight that occur during the shorter days of winter. Symptoms tend to start in the fall and diminish with the brighter days of spring. Often, January and February are the most difficult months for someone with SAD.

Along with having depressive symptoms, such as low self-esteem or hopelessness, a person who has SAD may:

- Feel extremely tired much of the time.
- Lack interest in usual activities, including sex.
- Try to avoid social contact.
- Overeat or crave sweet or starchy foods.
- Sleep more than usual or wake during the night or early morning hours.

While many people are only mildly or moderately affected by SAD, others can have significant symptoms that affect their daily lives.

Most of the people who have SAD are women, many of whom first notice the symptoms in their 20s.

And since SAD is related to seasonal changes in light, people may be more likely to have SAD the farther north they live—and the episodes may be more severe and long-lasting too, the National Alliance on Mental Illness (NAMI) reports.

INTO THE LIGHT If you suspect you have SAD, talk to your health care provider. Effective treatments are available. It's also important to make sure you don't have a more serious medical condition, such as major depression.

For milder SAD, health professionals may suggest that you improve the natural lighting in your home and that you do more activities outdoors, such as walking, during daylight hours. If these changes don't help, light therapy may be prescribed.

Light therapy, also called phototherapy, involves increasing your exposure to bright white light, the source of which is often a special fluorescent light box. Light treatments may last 20 minutes or longer each day during the winter.

Studies show that light therapy is effective in up to 80 percent of people who have SAD, reports NAMI.

Antidepressant medicines and talk therapy—either alone or with light therapy— also may be recommended to help you feel better.

To learn more about SAD, go to *www.nami.org*.

St. Mary's St. Clare

HEART FAILURE: MAKE A PLAN

YOU KNEW SOMETHING WAS WRONG when you started having symptoms—fatigue, shortness of breath and swollen ankles. Still, when the doctor said "heart failure," it was a shock.

You're probably not the only one to feel that way: An increasing number of people are being diagnosed with heart failure. At the moment, around 6 million people in the U.S. are living with the disease—with an emphasis on the word *living*.

St. Mary's Hospital is hosting a community education event about heart failure on Saturday, Feb. 18. See page 8 for details.

By learning about heart failure, making some lifestyle changes and taking certain medications, you can still lead a happy, active and satisfying life.

You and your doctor will work together to create an individualized treatment plan, which may include some or all of the following advice:

- Eat a heart-healthy diet. One of the best ways to manage heart failure is to watch what you eat, according to the National Institutes of Health (NIH). Your diet should include lots of different fruits, vegetables and whole grains, as well as lean meat, poultry, fish and beans. Stick to fat-free or low-fat dairy products, and cut down on saturated fat, trans fat, cholesterol and added sugar.

Be sure to get enough potassium, a nutrient found in foods like potatoes, sweet potatoes, bananas, white beans and soybeans. Some heart failure medications drain potassium from your body. If your potassium level gets too low, it can spark an unsafe heart rhythm.

- Watch the salt. Too much salt can lead to fluid buildup. That makes heart failure worse. Look for the sodium content on food labels. Ask your doctor how much salt you should eat every day.
- Control your liquids. Monitor how much liquid you're drinking—getting too much or too little can affect your health. Also, according to the NIH, people with heart failure shouldn't drink alcohol. Talk to your doctor about the amount and types of fluids that are right for you.
- Weigh yourself daily. Weight gain may point to fluid buildup. Try to weigh yourself at the same time every morning. If you gain 3 pounds or more in a day or so, tell your doctor right away.
- Keep moving. Physical activity several days a week will help you stay in shape, keep your heart healthier and improve your outlook. Discuss your activity plans with your doctor first to be sure they're safe.
- Manage other conditions. People with heart failure commonly cope with other health problems like diabetes or high blood pressure. Work with your doctor to keep these conditions under control. That can include taking medications and getting routine tests.
- Take your medicine as prescribed. Depending on your specific condition, various medicines may be needed to lower blood pressure, improve how your heart pumps or help your body get rid of extra fluid.

Remember, with the right treatment you should be able to maintain many of your current activities.

Who's at risk for heart failure?

Despite its name, heart failure doesn't mean your heart is about to stop working. Instead, it describes a condition in which your heart is no longer able to efficiently pump oxygen- and nutrient-rich blood through your body.

It's more common among people 65 and older and those with long-term conditions that weaken the heart, such as high blood pressure or diabetes.

According to the National Heart, Lung, and Blood Institute, other risk factors for heart failure include:

- **Being overweight. Extra weight puts strain on the heart. It also makes diabetes more likely.**
- **Being African American. Compared to people of other races, African Americans are more likely to have heart failure and to get it at a younger age.**
- **Having an enlarged heart. Either having this condition yourself or coming from a family where it's common increases your chances of heart failure.**
- **Having had a heart attack. A heart attack weakens the heart muscle, making heart failure more likely.**

Heart failure symptoms include fatigue, trouble breathing, and fluid buildup leading to swelling in the feet and ankles.

Colorful edamame salad

Edamame is an immature (green) soybean that can be served in or out of its pod after being cooked. You can buy edamame fresh or frozen at Asian, health food and many regular grocery stores.

Ingredients

- **4 cups romaine lettuce, washed**
- **1 cup shredded carrots**
- **2 cups cherry tomatoes**
- **1 cup sliced cucumber**
- **½ cup chopped red onions**
- **1½ cups shelled edamame, cooked**

Directions

- **To cook edamame, bring 3 cups of water to boil. Add shelled edamame and cook 4 minutes. Drain and rinse with cold running water to cool.**
- **Prepare all other ingredients and combine with the edamame in a large salad bowl.**
- **If desired, toss with a low- or nonfat dressing of your choice. *Note: The dressing is not included in the nutritional analysis below.***

Makes 4 servings.

Nutrition Facts

Per serving: Calories 120	Calories from fat 20
	Percent Daily Value*
Total fat 3g	4%
Saturated fat 0g	0%
Trans fat 0g	0%
Cholesterol 0g	0%
Sodium 80mg	3%
Total carbohydrates 17g	6%
Dietary fiber 4g	16%

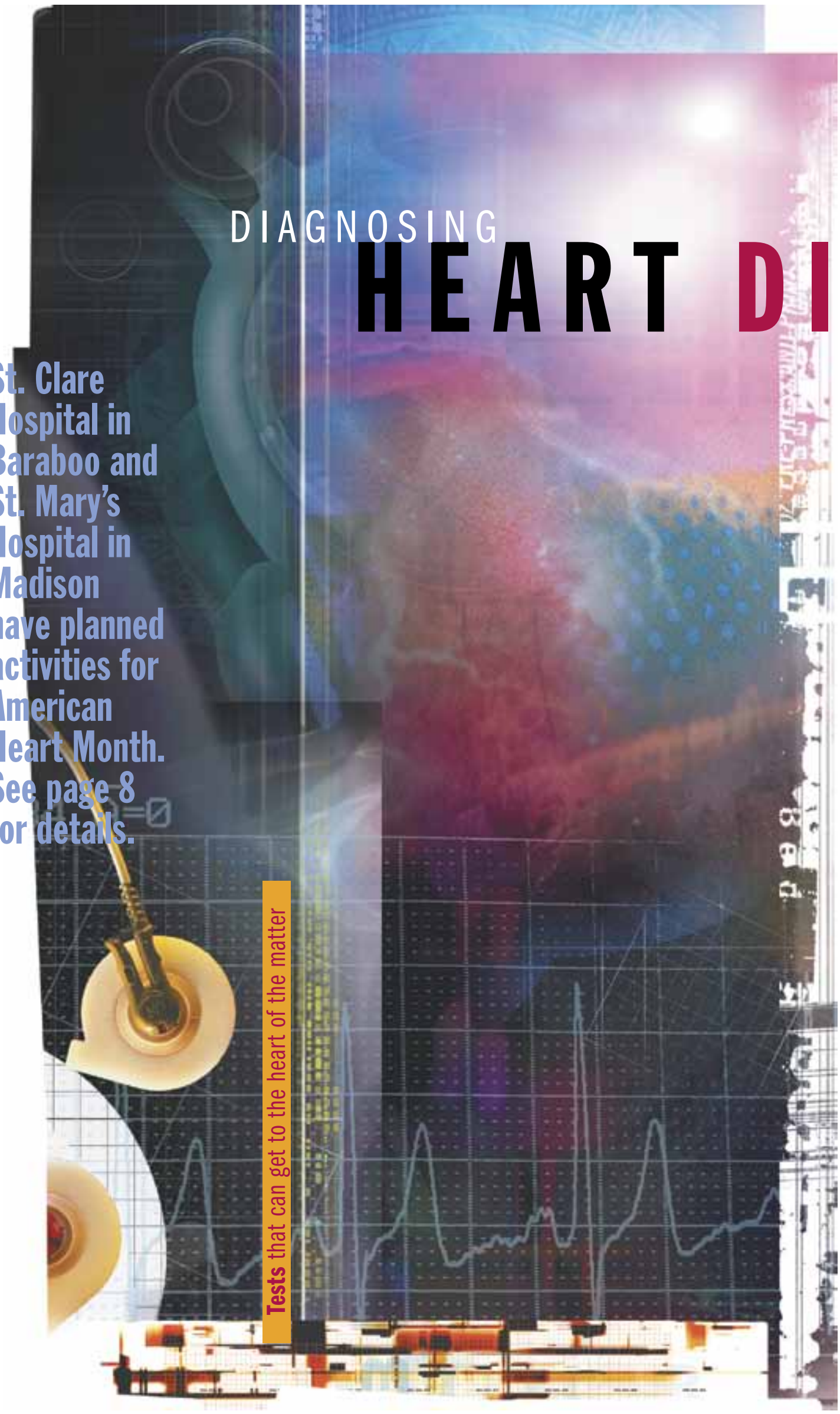
Per serving: Calories 120	Calories from fat 20
	Percent Daily Value*
Sugars 7g	
Protein 9g	
Vitamin A	150%
Vitamin C	45%
Calcium	10%
Iron	10%

**Percent daily values are based on a 2,000-calorie diet.*

Recipe from *www.fruitsandveggiesmatter.gov*.

DIAGNOSING HEART DISEASE

St. Clare Hospital in Baraboo and St. Mary's Hospital in Madison have planned activities for American Heart Month. **See page 8 for details.**



Tests that can get to the heart of the matter

Heart disease is a big deal. For many of us, it's the No. 1 threat to our health. ✦ So if your doctor thinks you're at risk for the disease—or that you already have it—chances are you're going to undergo some testing, which will help determine if you need treatment. ✦ No solitary test can tell your doctor whether or not you have heart disease. In order to get a complete picture of your heart's health, your doctor might want you to have two or more tests.

If that makes you a little apprehensive, maybe this will help you breathe a bit easier: Most of the tests for diagnosing and evaluating heart disease are painless. In fact, many of them don't require even a needle stick in your arm. But each one you undergo is like a puzzle piece, giving your doctor more information to guide your treatment.

Below are some common tests used to diagnose heart disease, followed by a brief description of how and why each test is done. The information comes from several groups, including the American Heart Association (AHA), the National Institutes of Health, and the Centers for Disease Control and Prevention.

Of course, the most important source

Am I having a heart attack?

The fear of embarrassment can keep you from doing a lot of things.

It might stop you from singing karaoke, for example. Or it could convince you not to make your skating debut on the ice rink in the center of the mall.

But it should never stop you from getting medical help if you think you might be having a heart attack.

According to the National Heart, Lung, and Blood Institute, people often delay calling for emergency help after a heart attack starts. One major reason: fear of being embarrassed if it turns out to be a false alarm.

Getting help at the first sign of a heart attack is the essence of the motto "Better safe than sorry." Quick treatment is so critical to surviving a heart attack that health experts urge you to call 911 for an ambulance rather than ride to the hospital in a private car.

You should call 911 within five minutes of having any of these symptoms or signs of a heart attack:

- **Feeling pressure, squeezing, fullness or pain in the center of the chest.**
- **Having discomfort in one or both arms, the back, the neck, the jaw, or the stomach.**
- **Feeling short of breath.**
- **Feeling nauseous or lightheaded or breaking out in a cold sweat.**

You should get medical help even if your symptoms disappear after a few minutes.

Additional source: American Heart Association

of information is your doctor. Each step of the way, you can ask him or her questions about the benefits and risks any test holds for you.

NONINVASIVE TESTS Tests that are noninvasive don't require putting needles, dyes, tubes or other materials into your body, notes the AHA. Some frequently used ones include:

- **Chest x-ray.**

How it's done: A technician places you in front of a machine that holds x-ray film. You'll be asked to hold your breath while the machine takes a radiographic picture of your chest. You might have several x-rays taken from different angles.

What it can find: A chest x-ray can give your doctor a look at your heart, lungs and bones. It can't actually see inside your heart, but it can show its shape and size. An x-ray also can determine if your lungs are filling with fluid as a result of a heart attack.

- **Electrocardiogram (called an ECG or EKG).**

How it's done: You lie down on a table. Small patches holding electrodes are put on your body to measure your heart's electrical activity. Your heartbeats show up as lines on a monitor, and they also are printed out on paper.

What it can find: According to the AHA, an ECG can show three major electrical signals—or waves—produced by your heart. Each wave represents a different part of your heartbeat. Some of the information your doctor can glean from an ECG includes: Problems with blood flow to the heart. An abnormal heart rhythm. Evidence of a heart attack. Enlargement of the heart muscle.

- **Ambulatory ECG (or Holter monitoring).**

How it's done: You wear a small recording device that measures your heart's electrical activity throughout the day. It can monitor your heart continuously or intermittently for days or months.

What it can find: The goal is similar to that of a resting ECG, except that this test shows how your heart works for longer periods of time and under real-life conditions—when you're under stress or asleep, for example.

- **Stress test (or exercise ECG).**

How it's done: Electrode patches on your chest record your heart's activity while you exercise, usually on a treadmill. The speed and angle of the treadmill change to increase the workload on your heart. Taking this test is much like walking briskly or jogging up a hill.

What it can find: A stress ECG tells your doctor how your heart handles workloads. It can help your doctor find out why you have chest pain, assess your risk for a heart attack or determine a level of exercise that is safe for you.

- **Echocardiography.**

How it's done: As you lie on a table, a technician moves a handheld probe over your chest. The probe uses sound waves to make a video record of your heart in action.

What it can find: Your doctor will be able to see your heart's size and shape plus how well blood pumps through it with every beat. The test can reveal problems with heart valves and whether part of your heart muscle is weak and not working as it should.

INVASIVE TESTS Some of these tests require only a quick needle stick. Others—like transesophageal echocardiography—use special probes and can take a half-hour or more. Examples of invasive tests include:

- **Blood test.**

How it's done: A technician takes a sample of blood from a vein.

What it can find: Abnormal levels of certain proteins, fats and other substances in the blood can be a sign of heart disease. Some blood tests also can confirm that you've had a heart attack—or suggest that you are at risk for one.

- **Thallium stress test (myocardial perfusion imaging).**

How it's done: A small amount of a radioactive dye, called thallium, is injected into your arm as you exercise on a treadmill. A special camera takes pictures as the dye moves through your bloodstream and into your heart. This test is much like a stress ECG but with images.

What it can find: The thallium test measures the blood supply to different parts of your heart. If an area isn't getting enough blood, that can indicate atherosclerosis—narrowing of the arteries due to fatty plaque buildup.

- **Cardiac catheterization.**

How it's done: According to the AHA, several procedures fall into this group. In general, however, a thin tube called a catheter is inserted into an artery in your groin or arm. The catheter is then threaded into your heart and surrounding arteries. A dye may be injected to better view heart function and blood flow on special x-rays. Most catheterizations are done in a hospital setting.

What it can find: Catheterization is one of the most valuable tests for diagnosing heart disease, according to the AHA. It allows your doctor to measure blood pressure or take blood samples within the heart itself. It can find blockages in the arteries.

- **Transesophageal echocardiography (TEE).**

How it's done: As you lie on a table, a technician guides a tube down your throat and into your esophagus. A probe at the end of the tube uses high-frequency sound waves to produce an ultrasound image of your heart.

What it can find: Similar to noninvasive echocardiography, this test offers a closer, more detailed look at your heart's structure and function, according to the AHA.

WHEN TESTING IS DONE The results of your tests will help your doctor decide your course of treatment.

He or she might suggest lifestyle changes that can help your heart, such as quitting smoking, switching to a heart-healthy diet, losing weight or increasing your exercise.

You might be given medication to lower blood pressure or cholesterol levels.

If testing finds a blockage in an artery, you might need a surgical procedure to reopen it.

Be sure to ask your doctor questions about any test you have or what the results mean for your health and heart.

Some words from the heart

You're listening to your doctor talk about your heart's health, but do you understand what he or she is saying?

Here's a glossary of some of the words you might hear:

- **Atherosclerosis (A-*thuh*-ROH-*skluh-ROH-sihs*)—a condition in which fats and other substances collect within the inner layers of artery walls. These deposits are called plaque. Plaque can damage arteries, reduce or block blood flow, and form clots that can cause a heart attack.**
- **Cardiac enzymes—enzymes produced by damaged cells in the heart muscle. A blood test that shows high levels of cardiac enzymes can help diagnose heart disease.**
- **Dyspnea (*DIHSP-nee-uh*)—shortness of breath. Dyspnea can be a significant symptom of heart disease, according to the American Heart Association (AHA).**
- **Ejection fraction—a measurement of how much blood the left ventricle pumps out when it contracts. When the heart relaxes, the ventricles fill with blood. When the heart contracts, the ventricles pump out a portion of that blood—usually between 55 and 70 percent of the total, according to the AHA. A low ejection fraction can indicate that the heart isn't pumping as efficiently as it should.**
- **Intermittent claudication—pain, cramping and fatigue in the buttocks and legs that increase with exercise but disappear during rest. It's a sign of poor blood circulation due to atherosclerosis.**
- **Ischemia (*ihs-KEE-mee-uh*)—reduced blood flow to an organ, such as the heart. Ischemia is usually caused by atherosclerosis.**
- **Myocardial infarction—a heart attack. An infarction causes cells in the heart to be damaged or to die because of a lack of blood and oxygen. The myocardium is the center layer of your heart muscle.**
- **Palpitations—the sensation that the heart has a fast or irregular beat. Palpitations can be a sign of heart problems, but often these occasional odd beats are not serious.**

Remember that all of these symptoms and conditions are serious and require a doctor's attention or a call to 911.

NECK PAIN: WHAT CAUSES IT AND WHEN TO GET HELP

FROM THE BOTTOM OF THE SKULL to the top of the torso, there's an elaborate series of bones, disks, nerves, muscles, ligaments and other tissues that all combine to make up the neck.

But when something goes wrong with any of these intricate moving parts, it can result in pain. For some, it's a straightforward ache, tenderness or stiffness. Others report shooting sensations, electrical feelings, tingling, or weakness in the arms or hands.

What's behind most neck pain? According to the American Academy of Orthopaedic Surgeons, the two most common causes are injury and long-term wear and tear.

Injury. Motor vehicle accidents, falls, diving mishaps and sports injuries are just some of the activities that can cause neck injury and pain.

Neck injuries commonly involve muscles and ligaments, though severe injuries can result in broken bones, spinal cord damage and paralysis.

Wear and tear. Cervical stenosis is the gradual narrowing of the spinal canal that can lead to pressure on the spinal cord and other nerves, resulting in pain.

Stenosis is often caused by aging, reports the American Association of Neurological Surgeons.

As people age, the structures designed to cushion the bones in the neck degenerate, and bones and ligaments get thicker, all of which narrows the spinal canal. These changes may prompt bone spurs to form, further compressing nerves.

TIME TO SEE A DOCTOR Experts say it's time to talk with a doctor if neck pain: ● Is caused by an injury. ● Comes with a fever or a headache. ● Shoots down your arm. ● Doesn't get better with over-the-counter medications. ● Doesn't get better in a week.

You also should see a doctor if stiffness keeps you from lowering your chin to your chest or if there is tingling, numbness or weakness in your arms, hands or legs.

DIAGNOSING NECK PAIN To figure out what's causing your pain, your doctor will likely ask about your medical history and do a physical exam. He or she may also recommend one or more diagnostic tests. For example:

- X-rays may be needed to find fractures or bone spurs.
- Magnetic resonance imaging scans can help locate a disk or nerve problem.
- Electromyography can pinpoint nerve damage.
- Computed tomography scans may aid in the diagnosis of persistent neck pain.

For more information, go to *www.stmarysmadison.com* or *www.stclare.com*. Click on "Health Info," then "Encyclopedia," then "Symptoms," then "Neck Pain."

Neck pain: Is it time to consider a surgical solution?

You've tried medications, injections, exercises and other therapy, but your neck pain won't go away. What's next?

For some people with persistent—or worsening—neck pain, the best option may be surgery.

But before suggesting surgery, your doctor will weigh a number of factors, including: ■ Your age. ■ Your medical history. ■ How long you've had your neck problem. ■ The success or failure of previous treatments.

Surgical treatments vary depending on the nature of the problem. For example, people with pain caused by spinal instability may benefit from spinal fusion.

This procedure involves fusing two or more vertebrae together using bone or bone substitutes. The goal is to ease pain by creating a stronger, more stable section of bone.

Not every neck problem can or should be corrected by surgery. Ask your doctor about the potential risks and benefits of surgery.

Source: American Association of Neurological Surgeons

RESPIRATORY THERAPISTS

THEY MAKE BREATHING A LOT EASIER

SIX MILLION—that's about how many breaths a person at rest takes each year. When our lungs work well, we don't think about breathing. We just do it.

But breathing does not always come so easily. Sometimes we need tests to identify problems. Or medicines to help lungs work. Or an exercise program to build breathing muscles.

One medical professional who might come to our aid is a respiratory therapist (RT).

WHO ARE THEY? RTs are important members of medical teams.

Most of them work in hospitals, helping in intensive care units, emergency departments, surgical suites, clinics and recovery rooms. But you may find them working outside of the hospital setting too.

RTs practice under the direction of a doctor and perform procedures that both diagnose and treat lung problems. They may:

- Obtain and analyze sputum.
- Take blood samples to determine levels of oxygen, carbon dioxide and other gases in the body.
- Measure how well the lungs function.
- Perform stress tests and other studies of the heart and lungs.
- Study and help people who have sleeping disorders, asthma, chronic obstructive pulmonary disease and other lung conditions.
- Administer medicine and monitor responses to therapy.
- Help with artificial airways and mechanical breathing systems.

This life-supporting profession focuses on preventing, assessing, diagnosing and managing lung problems.

RTs can be involved in numerous other health-related programs too, including running stop-smoking programs and low-impact aerobic exercise classes. They work with people of all ages, from premature babies to teens to seniors.

TRAINED TO HELP When you work with an RT, you've got a professional on your side.

RTs earn a degree from a two-year or four-year college. They have a solid grounding in science, anatomy, microbiology, math and chemistry.

Yet RTs also are compassionate, empathetic people who deal with patients when they are critically ill or when they need help managing chronic lung conditions.

An RT's goal is always the same: To help people breathe as well as possible so that they can enjoy life as fully as possible.

Sources: American Association for Respiratory Care; American Lung Association; Bureau of Labor Statistics

ICU: How to make the most of your visit

It's difficult for families and friends when a loved one is critically injured or ill and must spend time in our intensive care unit (ICU). You want to see your loved one—and visits from you can be a helpful part of the healing process—yet you may not be familiar with this specialized area of the hospital.

Here are some points to keep in mind about visiting the ICU:

Ask questions. Our nurses can explain what to expect and help answer questions about visiting hours and your loved one's care. Keep a notebook to write down questions for the ICU staff and information you want to relay to friends and relatives. Also, try not to worry about all the tubes, lines, monitors and alarms you may see. The nurses can explain these devices too.

Think safety. Check with the nurses about what steps to follow for your loved one's protection. For example, it's best to postpone your visit if you're feeling sick.

Ask what to bring. Unfortunately, flowers and plants can carry infectious germs. But it's often OK to bring your loved one comforting items such as photos or cards.

Talk to your loved one. Sedating medicines and other factors can make ICU patients less alert than usual. But even if your loved one doesn't respond to your voice or touch, he or she may still know that you're there. Your voice and touch can be comforting. If your loved one is alert but has a breathing tube, try phrasing questions that can be answered with a nod or shake of the head.

Take care of yourself. While you want to be there emotionally and physically for your loved one, you also need to rest and eat well during this stressful time. Remember, it's OK to spend time away from the ICU.

YOUR KIDNEYS

The trouble with stones

Kidney stones are lots of things at once: prevalent, painful and prone to recur. But they're also treatable.

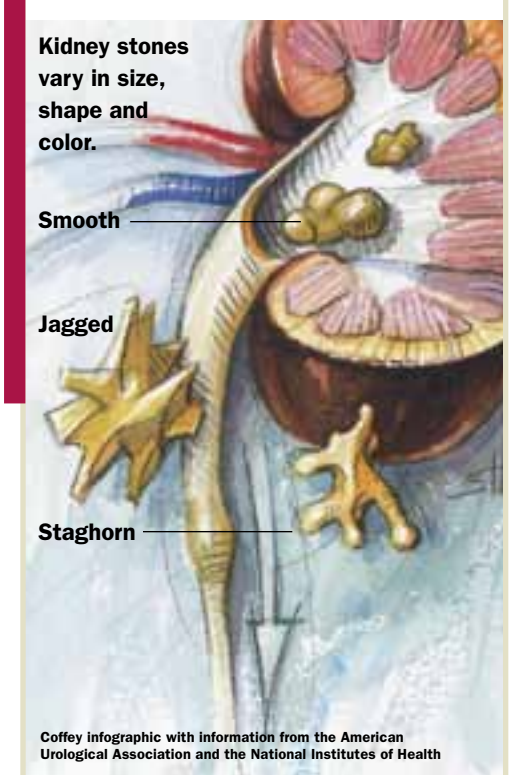
Kidney stones form when substances in the urinary tract combine into solid particles. Some stones—which can be as small as a grain of sand—are flushed from the body unnoticed during urination.

Larger stones, however, can cause significant pain. Even so, most of those pass on their own too.

But sometimes, stones get stuck. Symptoms include bloody urine and a sharp, persistent pain in your back or side.

If your doctor determines your kidney stones are unlikely to pass on their own, he or she may recommend: ● Using a special machine to crush the stones with shock waves, allowing the smaller fragments to pass. ● Removing stones with a thin instrument inserted through the urethra. ● Surgery.

Sources: American Urological Association; National Institutes of Health



Coffey infographic with information from the American Urological Association and the National Institutes of Health

The power of a pet

Some slobber and some shed. But despite these minor inconveniences, pets bring us enormous pleasure. And, as research continues to suggest, they offer physical and emotional benefits too. Here's a sampling of what science has unleashed about how pets affect human health:

Longevity. One landmark study found that pet-owning patients were 8.6 times more likely to be alive one year after a heart attack than those without pets.

Overall health. In a 2006 study, older people with pets had fewer minor health problems and doctor visits than their peers who didn't have pets. According to the National Center for Infectious Diseases and other groups, pets can:

- Boost the immune system.
- Lower triglycerides, blood pressure and cholesterol.
- Decrease feelings of loneliness.

Another study—one that involved nearly 11,000 people—found that the healthiest people were those who continuously owned a pet. The least healthy: Those who no longer had a pet or never had one.

Chronic conditions. Various studies suggest that pets can soothe and help people with heart disease, dementia, cancer and depression.

Mental health. Pets can lower stress and offer companionship, pleasure, affection and social opportunities.

Fitness. One study found that dog owners walked an average of 300 minutes a week compared with 168 minutes for those who didn't own a dog.

'What's New?' videos are available from St. Mary's

Missed a "What's New?" program? Or want to hear it again?

GoldenCare members have the option of borrowing a DVD from St. Mary's GoldenCare program by calling **608-258-5995**.

Our current library offers the following programs:

- "Knee and Hip Surgery."
- "Stroke Treatment."
- "Color Your Plate Healthy."
- "How to Complete a Power of Attorney for Health Care Form."

The appropriate DVD will be mailed to you, along with a postage-paid return envelope for returning the DVD.

St. Mary's offers Health Resource Center to all

Anyone is welcome to use the Health Resource Center in the main lobby of St. Mary's Hospital in Madison.

A consumer health librarian will locate books, videos, magazines and articles on any health topic, from yoga to heart failure. If the information is not on-site, our librarians will search the Madison Public Library System to find and reserve it for you.

For hours of operation or if you have any questions, please call the Health Resource Center at **608-512-4000**.

CALENDAR

St. Mary's and St. Clare are sponsors of or participants in the following events. Additional events may be found online at stmarysmadison.com/goldencare

ST. MARY'S HOSPITAL CENTENNIAL

Throughout 2012
Watch your mail and the news for special community celebrations to mark St. Mary's 100 years of care—and counting!

AMERICAN HEART MONTH EVENTS

Healthy Hearts Across a Lifetime

Saturday, Feb. 4,
10 a.m. to 2 p.m.
St. Joseph's School,
310 Second St., Baraboo
FREE
Family event featuring exhibits, screenings, presentations and interactive fun for all ages!

Healthy Heart Talk

Tuesday, Feb. 7, 6 p.m.
St. Clare Hospital,
Ringling Room
FREE
This panel discussion by health professionals will cover a variety of heart-related topics, such as nutrition, diabetes, exercise, signs of heart failure and new treatments in heart care. For more information, call St. Clare Hospital's Healthy Living Center at **608-356-1801** or St. Clare GoldenCare at **608-356-1407**.

Heart t♥ Heart: Living Well With Heart Failure

Saturday, Feb. 18,
9 a.m. to noon
St. Mary's Hospital
Conference Center
FREE
Presentation and resource fair. Registration is required; call St. Mary's GoldenCare at **608-259-5560**.

Estate Planning Seminar

Thursday, March 29, 2 p.m.
St. Clare Hospital,
Ringling Room
FREE
Make sure your lifetime of hard work and savings goes to the ones you love. Led by attorney Dera Johnsen-Tracy, who is experienced in living trusts and estate planning. Refreshments will be provided. For reservations, call St. Clare GoldenCare at **608-356-1407**.

Consider the Conversation: An End-of-Life Documentary

Thursday, April 19, 10:30 a.m.
St. Clare Hospital, Ringling Room
FREE
Presentation by Mary Deem, Home Health United Hospice Director. Refreshments provided. To register, call St. Clare GoldenCare at **608-356-1407**.

'Ladies Must Swing' Big Band

Saturday, April 21, 7:30 p.m.
Al Ringling Theatre,
136 Fourth Ave., Baraboo
GoldenCare members $10;
other seniors $12
For tickets, call **608-356-8864**. Questions? Call St. Clare GoldenCare at **608-356-1407**.

What's New? Health Lecture

Sunday, May 6, 1:30 p.m.
St. Mary's Hospital
Conference Center
Watch your mail for more information.

WINTER/SPRING 2012

Look us up at *www.stmarysmadison.com/goldencare*

St. Mary's Hospital
St. Clare Hospital

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GoldenCare Update

GOLDENCARE UPDATE is published three times a year for all St. Mary's and St. Clare GoldenCare members. Please direct correspondence and address corrections to:

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Look for us on Facebook and Twitter: */stmarysmadison* and */stclarehospital*