

GoldenCare Update

HEALTH NEWS PROVIDED TO ANYONE 60 OR OLDER AS PART OF GOLDENCARE MEMBERSHIP • FALL/WINTER 2011

Health Link

CHANGING PRESSURE

Decreasing sodium while increasing potassium can help lower high blood pressure. So choose and fix foods with little or no added salt. Then enjoy potassium-rich foods, such as fruits, vegetables, and low-fat or fat-free milk and yogurt.

American Dietetic Association

BE STARCH SAVVY

Does your eating plan call for non-starchy vegetables? These may please your palate: spinach, carrots, lettuce, cabbage, bok choy, green beans, cauliflower, tomatoes, salsa, onions, cucumbers, beets, okra, mushrooms, peppers and turnips.

American Diabetes Association



LOST FOR WORDS?

It's often hard to find the right words to say when someone you love is diagnosed with a serious illness. A hug and a sincere "I'm here for you" is a good start. Then, listen with your heart.

American Cancer Society

THE FLU

PROTECT YOURSELF & YOUR FAMILY

Perhaps it should be called the boomerang bug. ♦ Year after year, the flu returns to wreak havoc on the young, the old and everyone in between. ♦ Yet there is a way to fight back against this seasonal menace: Get the annual flu vaccine.

WHY GET IT? Along with protecting yourself against the flu, getting vaccinated also helps you avoid spreading the virus to others. Both are important, because the flu can make people seriously sick.

It can cause high fever and pneumonia and make existing medical conditions worse. It can also cause diarrhea and seizures in kids. Every year, thousands of people die from the flu and many more require hospitalization, reports the Centers for Disease Control and Prevention (CDC).

The CDC recommends that nearly everyone older than 6 months get the flu vaccine. It's particularly important that



people who are at high risk for getting severely ill with the flu be vaccinated. That group includes:

- Pregnant women.
- Children younger than 5 years.
- People 50 and older.
- Anyone with certain medical conditions, such as diabetes or asthma.
- People living in nursing homes or other long-term care facilities.
- Health care workers.

The best time to get the flu vaccine is in September. But it's OK to get it in the winter.

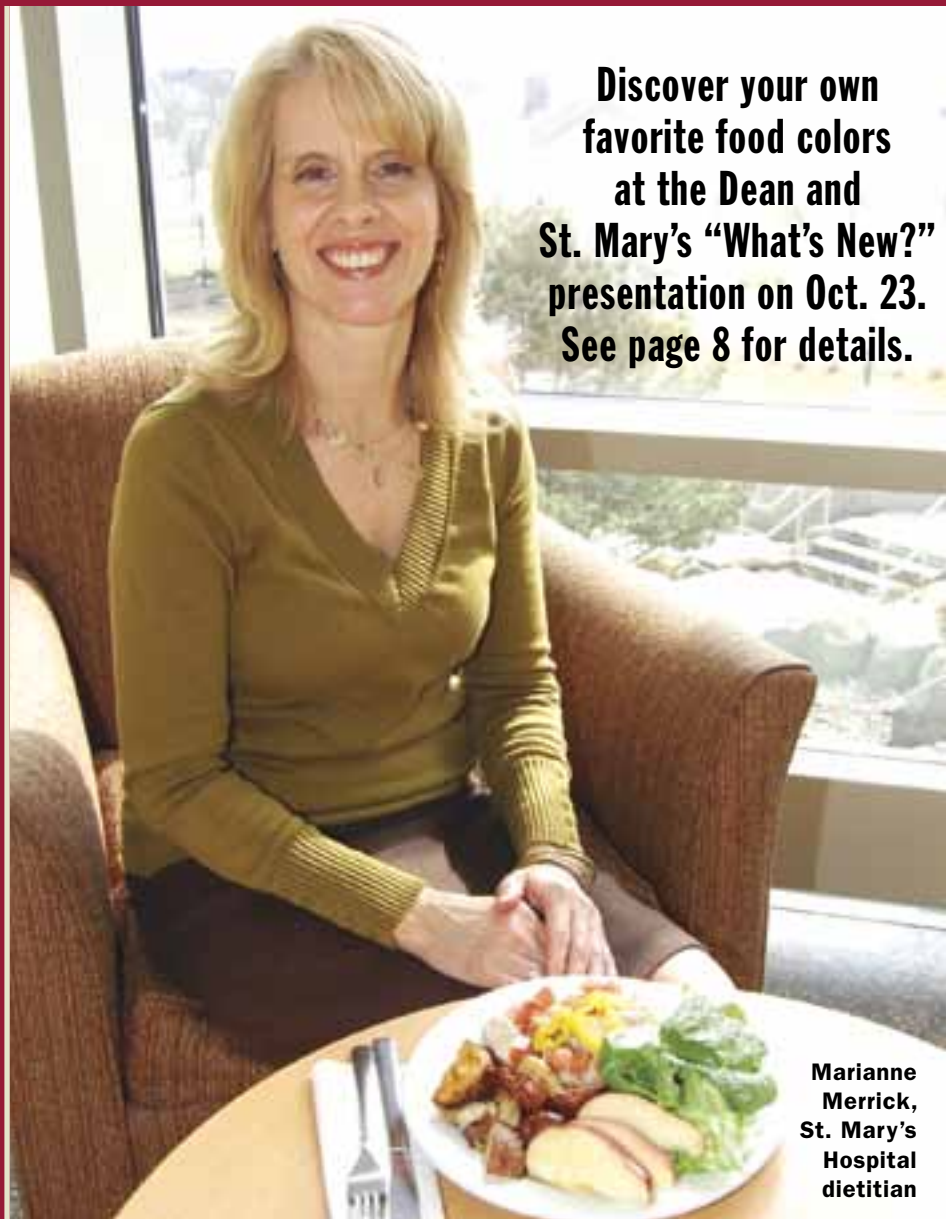
WHAT ELSE TO KNOW Other things to keep in mind about the flu vaccine:

- Not everyone should get vaccinated. You should not get the flu vaccine without talking to a doctor if you have a severe allergy to chicken eggs, have had a severe reaction to the vaccine in the past, have developed Guillain-Barré syndrome within six weeks of getting a flu vaccination, or you have a fever. Also, children younger than 6 months should not get the vaccine.
- Two types of flu vaccine are available:

We have a new look! GoldenCare Update brings more energy with a new look, tasty recipes and more helpful information to manage your health. Enjoy!

one is given by injection (a shot) and one is sprayed into the nostrils. The nasal spray is only an option for healthy people from 2 to 49 years old. It's not approved for pregnant women.

- Unlike in the past, you don't need to get two different vaccinations for seasonal flu and the H1N1 virus—there's now one vaccine that protects against both.



Discover your own favorite food colors at the Dean and St. Mary's "What's New?" presentation on Oct. 23. See page 8 for details.

Marianne Merrick, St. Mary's Hospital dietitian

See your way to choosing healthy foods

When is a plate more than just a plate? When it's a visual guide to healthy eating.

That's the idea behind the MyPlate icon designed by the U.S. Department of Agriculture. The goal of the icon is to help people adopt eating habits consistent with the government's Dietary Guidelines for Americans, including choosing foods that are good for you and that don't have too many calories.

The easy-to-understand icon emphasizes fruits, vegetables, grains, protein and dairy. It helps you see—and think about—how to fill your plate (half with fruits and vegetables) at mealtimes.

"I think it's a great idea," says Marianne Merrick, a clinical dietitian at St. Mary's Hospital.

Merrick says its predecessor, the food pyramid, was just too complicated because of the horizontal and vertical lines and the man running up the side, showing the value of exercise.

"There was too much going on," Merrick says. "People couldn't relate. I think the visual of a plate makes so much more sense."

The tip of the '90s food pyramid made

room for processed sugars, like candy and cake, suggesting only sparing use. But in My Plate, the sugar is nowhere to be found.

"You have natural sugars in your fruits," says Merrick, agreeing with the omission because it doesn't belong within the focus of what's recommended.



When you log on to www.ChooseMyPlate.gov, click on each section of the icon to find detailed information about that food group, including examples of the types of foods within the group and the nutrients they contain.

In addition to the icon, the website offers tips on:

- Planning a healthy menu.
- Losing weight.
- Making a customized daily food plan.
- Dining out.
- Choosing foods and drinks with lower sodium, fewer solid fats and less added sugar.
- Exercising.

Asian pilaf

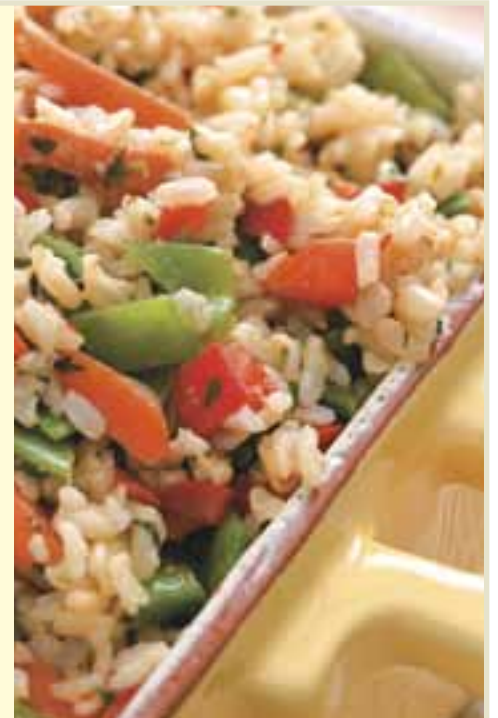
Ingredients

Nonstick cooking spray

- 1 medium red bell pepper, seeded and coarsely chopped
- 1 garlic clove, minced
- 1 teaspoon fresh chopped, peeled ginger
- 1 cup brown rice
- 2 cups fat-free, reduced sodium chicken or vegetable broth
- 1 cup fresh snow peas, trimmed
- 1 cup thinly sliced carrots, steamed
- ¼ cup chopped green onion
- ¼ cup chopped fresh cilantro
- 1 tablespoon lite soy sauce
- ⅛ teaspoon crushed red pepper flakes

Instructions

- Spray medium saucepan with cooking spray. Heat pan over medium heat. Add red pepper, garlic and ginger. Saute 5 minutes.
- Stir in rice. Saute 3 more minutes. Add broth; bring to boil. Cover and simmer on medium-low heat until rice is tender and liquid is absorbed, about 35 minutes.
- Stir in snow peas, carrots, green onion, cilantro, soy sauce and red pepper flakes.



Cook 5 more minutes. Serve immediately.

Nutritional information

Makes 8 servings. Per serving: 109 calories; less than 1g total fat (1g saturated fat); 22g carbohydrates; 3g protein; 2g dietary fiber; 228mg sodium; 225mg potassium.

Source: Adapted from American Institute for Cancer Research



Cranberry & sweet potato bread

Ingredients

Nonstick cooking spray

- 2 large eggs
- ¾ cup light brown sugar, firmly packed
- ⅓ cup canola oil
- 1 cup mashed, canned sweet potatoes
- 1 teaspoon pure vanilla extract
- ½ teaspoon orange extract
- 1½ cups all-purpose flour
- ½ teaspoon cinnamon
- ½ teaspoon nutmeg
- ½ teaspoon allspice or mace
- 1 teaspoon baking soda
- 1 cup chopped, dried unsweetened cranberries
- 1 to 2 tablespoons turbinado or demerara sugar (optional)

Instructions

- Lightly coat standard loaf pan (8-by-4- or 9-by-5-inch) with cooking spray and set aside. Set oven rack in middle, and preheat oven to 350 degrees. In medium bowl, whisk eggs, sugar, oil, sweet potatoes and extracts until well combined.

■ In large bowl, sift together flour, spices and baking soda. Make a well in center of mixture and add sweet potato mixture. Mix until just moistened. (Do not overmix or beat batter until smooth.)

Lightly stir in cranberries. Transfer batter to prepared pan. For a more decorative presentation, dust top of batter with light coating of turbinado or demerara sugar.

■ Bake 50 to 60 minutes, or until tester comes out clean. If sugar has been added to top of bread, begin checking bread after 30 minutes. If sugar darkens, lightly lay a sheet of aluminum foil on top of pan to prevent burning.

■ Remove bread from oven and cool 10 minutes on rack. Remove bread from pan and set back on rack to completely cool. Seal bread tightly in plastic wrap, then foil. Tightly wrapped in foil, bread can be stored frozen for up to 1 month.

Nutritional information

Makes 6 servings. Per serving: 230 calories; 9g total fat (2g saturated fat); 58g cholesterol; 162mg sodium; 60mg calcium; 1mg iron.

Source: National Heart, Lung, and Blood Institute

THE 411 ON ASPIRIN

YOU PROBABLY HAVE a bottle of aspirin tucked away somewhere in your house. It may be in your night table or in the kitchen junk drawer. You know it's there somewhere, ready to bring relief the next time you have a headache or some other minor pain.

But maybe it's time to rescue that dusty bottle from its obscure hiding place. As it turns out, those unassuming over-the-counter pills may offer health benefits that go beyond traditional pain and fever control—perhaps far beyond.

HEART ATTACK AND STROKE Research shows that for certain people, aspirin can help reduce the risk of heart attack and the most common type of stroke, two of the top causes of death and disability in the United States.

How aspirin accomplishes this feat isn't completely understood. Apparently, though, it works to prevent platelets in the blood from clumping together. That helps keep blood flowing smoothly to the heart and brain. When blood flow is blocked, it can lead to a heart attack or stroke.

MEN AND WOMEN Aspirin's protective benefits differ for men and women. According to the Agency for Healthcare Research and Quality (AHRQ), aspirin generally helps men lower their risk of heart attack and women lower their risk of stroke.



A doctor's advice is important. That's because, as with all medicines, aspirin's potential benefits come with some possible risks.

- As such, the AHRQ recommends that:
- Men ages 45 to 79 ask their doctor about taking aspirin to protect against a heart attack.
 - Women ages 55 to 79 ask their doctor about taking aspirin to protect against a stroke.

YOU AND YOUR DOCTOR A doctor's advice is important. That's because, like all medicines, aspirin's potential benefits come with some possible risks. For example, some

people who take aspirin have bleeding in the stomach. Others suffer a fairly rare type of stroke. Your doctor can help you decide if you should be taking aspirin regularly.

Also, he or she can guide you in selecting the proper dose of aspirin. Recommendations often involve taking an 81 milligram low-dose aspirin each day or a 325 milligram regular-dose aspirin every other day.

Ask your doctor about aspirin. It might make sense as part of your overall healthy lifestyle.

Aspirin: Understand benefits and risks

Even though aspirin can help some people avoid a heart attack or stroke, it's not for everyone.

Taking aspirin on a regular basis has been linked to a number of serious side effects, such as kidney failure and bleeding in the stomach and brain, reports the U.S. Food and Drug Administration (FDA).

Also, several over-the-counter and prescription medicines have blood-thinning properties just like aspirin. Taking these drugs along with aspirin can be risky. That's also true of certain vitamins, herbal remedies and supplements.

According to the FDA, regular aspirin use may not be a good idea for people who have:

- A bleeding disorder.
- Uncontrolled high blood pressure.
- Severe liver or kidney disease.
- Asthma. ■ An allergy to aspirin.

Before you begin routine aspirin use, tell your doctor about all the medicines and supplements you take. Also, if side effects occur once you start taking aspirin, be sure to let your doctor know.

CHARITABLE GIFT ANNUITY

THE GIFT THAT GIVES BACK TO YOU

DEPENDABLE RATES OF RETURN are hard to find in today's economy. Charitable gift annuities (CGA) offer one of the best instruments for locking in a long-term fixed rate. What's more, CGAs are an effective way to make a lasting gift that preserves your values and advances health care in the future.

A CGA is a contractual agreement between you and St. Mary's Foundation regarding the transfer of cash or stock assets to the Foundation. You will receive fixed lifetime payments and an income tax deduction in the year that you make the gift.

At the end of your life, the remaining value of your gift will go to St. Mary's Foundation and also to the St. Clare Health Care Foundation, if you choose (St. Mary's Foundation administers CGA funds for St.



For more information

**St♥Mary's
FOUNDATION**

www.stmarysfoundation.org/plannedgiving

**Mary Brenholt
608-229-8382**

**St♥Clare
HEALTH CARE
FOUNDATION**

www.stclare.com/foundation

**Keri Olson
608-356-1449**

Clare). Your gift will provide funds for our greatest needs or for a specific program or department that you have named.

Donors must be 60 years of age or older, with a

minimum gift of \$10,000 in cash or securities. The quarterly, semi-annual or annual income you receive is determined by the amount of your gift, your age at the time of the gift and whether the annuity is for one or two lives.

No one likes to think about colorectal cancer—a disease that can attack the colon, the rectum or both. ♦ It's a scary thought—especially since the disease is a leading cause of cancer deaths in the United States. ♦ But colorectal cancer is also one of the most preventable cancers. And if you do get it, early detection and treatment can save your life. ♦ What follows is a guide to colorectal cancer—what you need to know and what you need to do to help reduce your risk of becoming a colorectal cancer statistic.

WHERE IT ALL BEGINS Colorectal cancer occurs in the large intestine—the colon and rectum. The colon—a muscular tube about 5 feet long—holds wastes that are produced in the small intestine.

Most colorectal cancers develop from polyps, which are abnormal or precancerous growths on the lining of the large intestine.

Not all polyps turn into cancer. But when they do, the disease can invade and damage nearby tissues and organs, and the cancer can spread to other parts of the body—a process called metastasis.

The most important thing to remember about polyps, however, is this: Detecting and removing them while they're still in their precancerous stage can prevent up to 90 percent of colorectal cancers from ever developing, according to the American College of Gastroenterology.

SIGNS TO WATCH FOR Symptoms of colorectal cancer can be confused with those of other health conditions. For that reason, if you have symptoms—particularly a change in bowel habits—you should see a doctor as soon as possible.

According to the National Cancer Institute (NCI), be alert for:

- Diarrhea or constipation.
- A feeling that your bowel is not completely empty after a bowel movement.
- Bright red or very dark blood in your stools.
- Stools that are narrower than usual.
- Frequent gas pains or cramps; feeling full or bloated.
- Weight loss with no known reason.
- Frequent fatigue.
- Nausea or vomiting.

Don't wait to feel pain to see a doctor. In its beginning stages, colorectal cancer usually doesn't cause pain.

LOOKING FOR PROBLEMS Colorectal cancer can be found early through regular testing, allowing it to be treated before it spreads.

But it's even better to stop colorectal

cancer before it starts. That's why screening—especially with tests that find both polyps and cancer—is so important.

The American Cancer Society (ACS) recommends that men and women who are at average risk for developing colorectal cancer choose one of the following screening options starting at age 50. You may need earlier or more frequent screenings if you're at increased or high risk for the disease.

Working with your doctor, you can decide which screening test to use and when you should begin testing.

● **Colonoscopy.** During this test, a doctor gently moves a long, lighted tube with a tiny camera into your rectum and through your entire colon. (You are sedated during the procedure.) The doctor can see the inside of your colon on a viewing screen. If polyps are found, he or she can remove the polyps immediately with a special tool attached to the colonoscope, thus destroying a potential health threat.

If you choose colonoscopy as your screening tool, it should be repeated every 10 years.

● **Sigmoidoscopy.** A similar procedure to a colonoscopy, a sigmoidoscopy can be used to view the lower part of the colon (called the sigmoid colon) and to remove any polyps there.

However, because sigmoidoscopy only covers the lower colon, any polyps in the upper colon won't be found. Also, if polyps or cancer are discovered during a sigmoidoscopy, you'll need a colonoscopy so that your doctor can look for problems in the rest of your colon.

If you choose a sigmoidoscopy, it should be repeated every five years.

● **Double-contrast barium enema.** A barium-solution enema and air pumped into your rectum make it possible to see polyps or other abnormal areas on x-rays of your colon and rectum.

If you choose this test, you'll need it every five years.

However, it is less likely than other screening methods to find small polyps,

**FIND IT
AND
TREAT IT
EARLY**

COLORECTAL CANCER

Talk to your doctor about scheduling a colonoscopy. Need a doctor? Visit www.stmarysmadison.com or www.stclare.com and click on "Find A Physician."

How to prepare for a colonoscopy

A colonoscopy to detect—and possibly remove—cancerous growths or precancerous polyps requires advance planning on your part. Here's what you need to know.

Get ready

Prepare to take time off from work or otherwise alter your plans on the day of your procedure.

On average, a colonoscopy takes only 30 minutes. However, you will need to rest for the remainder of the day. Also, you won't be allowed to drive yourself home afterward.

So you will need to make arrangements ahead of time for someone to pick you up and take you home.

Make sure your doctor has a complete list of all your prescription and nonprescription medicines and supplements before the day of your colonoscopy. This is especially important if you take blood thinners or medicines for diabetes. Ask your doctor if you should take your usual medicines close to the examination time.

Also, provide a list of allergies you have to drugs and other substances. Tell your doctor if you have heart, lung or other medical conditions that may need special attention before, during or after the colonoscopy.



according to the ACS. And you will need a colonoscopy if the finding is abnormal.

● **Virtual colonoscopy.** This noninvasive procedure creates images of the colon and rectum using a CT scanner. If polyps or other suspicious areas are detected using virtual colonoscopy, a traditional colonoscopy would be necessary to remove them. Virtual colonoscopy should be repeated every five years.

● **Fecal occult blood test or fecal immunochemical test.** These once-a-year stool tests are also used to detect colorectal cancer.

Both require collecting stool samples at home using a kit provided by your doctor.

The samples are sent to a laboratory to be examined for traces of blood. If blood is found, other tests are needed to find the cause of the blood—which may or may not be cancer. Something as common as hemorrhoids can trigger blood in stools.

TREATING THE DISEASE If colorectal cancer does develop, treatment is usually based on the location and extent of the cancer. It may involve surgery, chemotherapy, radiation therapy, or a combination of these or other treatments.

Surgery is the most common treatment for colorectal cancer and can be used to remove cancer in or near the colon or rectum.

If a section of the colon or rectum must be taken out during surgery, the doctor can usually reconnect the healthy parts. However, people with rectal cancer sometimes need a colostomy; people with colon cancer rarely need one.

In this procedure, a bag is attached outside the body to collect waste. The bag may be temporary or permanent. About one in eight rectal cancer patients requires a permanent bag, the NCI reports.

SCREENING SAVES LIVES If you're uncertain about the benefits of screening for colorectal cancer, consider these facts from the ACS:

- When colorectal cancer is diagnosed at an early stage, the five-year survival rate is about 90 percent.
- Once the cancer has spread to nearby organs or lymph nodes, however, the five-year survival rate can plummet. If colorectal cancer has spread to distant organs, like the liver or a lung, only about 11 percent survive five years.
- Finally, and most important, finding and removing polyps before they become cancerous can prevent the vast majority of colorectal cancers.

Who's at risk?

People with certain risk factors are more likely than others to develop colorectal cancer.

Unavoidable risks include age (50 or older), a personal history of precancerous polyps or inflammatory bowel disease, or a history of colorectal cancer in close relatives. Cancer that is common among families could be due to genes or to shared environmental factors, such as eating habits or exposure to secondhand smoke.

Race and ethnicity may also come into play. For reasons that are unclear, African Americans develop more colorectal cancer than other races in the United States. Ashkenazi Jews from Eastern Europe are at greater risk due to genetic mutations, which are also present in about 6 percent of American Jews.

Studies suggest that some of the strongest risk factors for colorectal cancer are factors you can control. To lower your risk, you should aim for:

- A diet low in red meat and high in fruits and vegetables.
- Plenty of physical activity.
- A healthy weight—especially if you're a man.
- No smoking.

Having a risk factor, or even several risk factors, doesn't mean that you will develop colorectal cancer. However, it is important to tell your doctor about all of them. This helps your doctor decide when and how often you should be tested for colorectal cancer.

Source: American Cancer Society



To prepare for the procedure, it's essential to cleanse your colon. A clean colon makes it possible to have a thorough examination.

A drink designed to stimulate bowel movements is popular for cleansing. However, some doctors may prefer that you drink clear fluids or make use of enemas or suppositories. Whatever method your doctor chooses, read and follow the directions carefully.

On the night before the colonoscopy, follow instructions about what to eat or drink. Know when to eat your last meal or snack before the procedure begins.

Recovery

After your colonoscopy, you will be taken to

a recovery area. When most of the medications have worn off, your doctor will tell you the results of your examination and any other important information.

You will also receive instructions about how soon you can eat and drink and guidelines for resuming your normal routine.

You may experience some minor problems, such as bloating, gas or mild cramping. But these reactions should disappear within 24 hours.

You might receive a follow-up call from your medical team in a day or two. In the meantime, call your doctor directly if you have questions.

Source: American Gastroenterological Association

IS THAT PAIN ARTHRITIS?

FOR MOST OF YOUR LIFE, you've paid little attention to your joints. Your knees worked just fine. Ditto with your fingers. Now, it seems, those once trusty joints are falling down on the job. One of your knees or fingers is sometimes stiff or swollen. Routine tasks, such as opening a jar or walking up stairs, are often painful and difficult.

If the above scenario sounds familiar, then you may have arthritis—one of the most common diseases in the U.S. It can attack joints in almost any part of the body.

There are several types of arthritis, but the most prevalent are osteoarthritis (OA) and rheumatoid arthritis (RA). Here is what you need to know about them.

OSTEOARTHRITIS **What causes it?** OA occurs when the cartilage that pads the ends of bones in a joint begins to wear away. This causes bones to rub against each other. OA most often affects the fingers, knees and hips.

Growing older is the most common cause of OA. But it can also be triggered by an injury or overuse of a joint. Being overweight can lead to OA in the knees. And you're at risk for developing OA in your hands if other family members have the disease.

How does it feel? OA symptoms can range from mild pain that comes and goes to pain that doesn't stop even when you're resting or sleeping. A joint affected by OA can become painful and swollen. Pain may be worse in the morning and feel better with activity.

How is it treated? There is no cure for OA, but it can be managed. Medicines can help control pain. Rest, exercise and physical therapy can make it easier to move your joints. It's also a good idea to maintain a healthy weight. If other treatments don't relieve your pain, surgery, including joint replacement, may be an option.

RHEUMATOID ARTHRITIS **What causes it?** The exact cause of RA is unknown. It occurs when your body's immune system does not work properly. RA can damage almost any joint and can happen in many different joints at the same time. It often strikes the hands and feet. But it



can also cause problems with your heart, muscles, blood vessels, nervous system and eyes.

How does it feel? Symptoms of RA often include pain, morning stiffness and swelling. It can also cause fever, weakness, loss of appetite and lack of energy.

How is it treated? While there is no cure for RA, some treatments can help relieve pain and swelling. Medications, exercise and physical therapy can all help control RA symptoms. Joint replacement surgery is also an option.

GET HELP Talk to your doctor if you suspect you have arthritis. He or she will note your symptoms and examine your joints. Sometimes additional tests, such as x-rays, are needed to determine the extent of the disease.

Sources: American Academy of Orthopaedic Surgeons; National Institutes of Health

Supplements: Do they help?

If arthritis pain has got you down, you may think about using supplements as a treatment. But be careful: There is little scientific proof that supplements are effective in treating arthritis.

Also, dietary supplements for arthritis, like glucosamine and chondroitin sulfate, are not tested or analyzed by the U.S. Food and Drug Administration. That means you can't be exactly sure what you're getting when you buy a supplement.

If you decide to try a supplement to treat arthritis, you should:

- Talk to your doctor. Some supplements are not appropriate for all types of arthritis or for all people.
- Continue with your other treatments for managing arthritis, such as taking medications and exercising and eating a healthy diet.

- Do some research. Find out what you are buying, if there are side effects and how it may interact with other drugs you're taking.

- Tell your doctor right away if you experience any problems while taking a supplement for arthritis.

Sources: American Academy of Orthopaedic Surgeons; American College of Rheumatology

Dean Clinic physical therapists can help you cope with arthritis. Go to deancare.com and click on "Find a Doctor."

THE PROBLEM WITH MOLD

IT CAN BE tough to find good things to say about mold. True, it did lead to the discovery of penicillin. And it can be used to make some tasty cheese.

But mold is also unsightly. It has a less-than-pleasant odor. And left to its own devices, it can ruin your carpets, walls and ceilings. Most important, however, mold can cause health problems that range from the irritating to the severe.

There are thousands of species of mold, which makes total avoidance difficult. But you can lessen your contact with mold by taking a few preventive steps.

MOLD AND ITS MALADIES Mold is a fungus that thrives in places that are warm, damp and humid.

Outdoors, mold is likely to be found where things are decaying—in compost piles, under piles of fallen leaves

and within rotting wood. Indoors, it seeks the humidity found in laundry rooms, showers, basements and attics.

For people who are sensitive to mold, exposure can cause allergic symptoms like congestion, irritated eyes or skin, and wheezing. In severe cases—such as when a person has asthma—reactions to mold can include:

- Shortness of breath.
- Fever.
- Lung infections.

Here are some tips for breaking mold's hold around your home:

- Reduce indoor humidity by using an air conditioner or dehumidifier.
- Use exhaust fans when cooking and bathing.
- Be sure your clothes dryer is vented to the outside.
- Keep your roof, gutters and yard free of decaying debris.

To clean mold from hard surfaces, use a solution of



1 cup bleach to 1 gallon of water. Rugs and other soft items that become moldy may need to be thrown out.

Sources: American College of Allergy, Asthma and Immunology; Centers for Disease Control and Prevention



CATARACTS

WHEN FOCUS TURNS FUZZY

Surgery can help clear the way to much better vision

AT SOME TIME in your life, you've probably taken a photo that—despite your best efforts—came out blurry. That's what it's like to have a cataract in your eye. It makes things look blurry.

Just as a camera needs a good lens to take sharp photos, each of your eyes needs a good lens to give you a clear picture of what you're seeing.

A well-functioning lens does two things for your vision: It sends rays of light back to your eye's retina, and it adjusts the eye's focus. Your eye lens helps you read books by the light of a lamp. It helps you pass a thread through the eye of a needle.

But if your lens gets cloudy, as it does with a cataract, so does your vision.

People get cataracts for a variety of reasons. Sometimes a cataract is the result of an injury. Babies can be born with a cataract in one or both eyes. Kids can develop cataracts during childhood. But usually cataracts occur with aging. In fact, most Americans will have had at least one cataract by the time they reach age 80.

What else makes you vulnerable to cataracts? According to the National Eye Institute (NEI), risk factors include:

- Diseases like diabetes.
- Unhealthy habits, such as smoking or drinking alcohol.
- Prolonged and excessive exposure to sunlight.
- A family history of cataracts.

WHAT TO LOOK OUT FOR Cataracts often develop slowly over time and can occur in one or both eyes. Possible signs of a cataract include:

- Blurred, cloudy or dull vision.
- A brownish tint to vision.
- Colors that seem faded.
- Poor night vision.
- Trouble driving at night.
- A halo around lights.
- Lamps or headlights that seem too bright.

TREATMENT OPTIONS If you have a cataract, changing your eyeglass prescription or using magnifying lenses may help you see OK for a while. But if your eyesight becomes too compromised, it's probably time to talk with your doctor about cataract surgery.

It's a very common procedure that's usually done on an outpatient basis. In most cases, tiny surgical tools are used to break apart the old lens. It's replaced with a clear new lens made of plastic, acrylic or silicone. A few hours in recovery, and you're ready to be driven home—possibly with a patch over your eye.

About 90 percent of those who have the surgery see their vision improve, according to the NEI.

CAN YOU PREVENT CATARACTS? You may be able to delay getting a cataract by wearing sunglasses and a hat with a brim while outdoors, which help protect your eyes from the sun's rays, and by eating green leafy vegetables, fruits and other foods with antioxidants.

Most important, have your eyes checked by a professional at least once every two years. Finding and treating eye diseases early may help you keep things in focus for years to come.

Additional sources: American Academy of Ophthalmology; American College of Surgeons

PLASTIC SURGERY

IT'S MORE THAN SKIN DEEP

WHETHER THE CHANGES wrought are subtle or dramatic, plastic and reconstructive surgery can alter—even save—a person's life.

That's because these procedures aren't just about improving physical appearance, although that may be part of the equation. Often, the more important benefits are good health, restored function and a better quality of life.

Such surgeries cover a wide range of procedures for issues caused by:

- Trauma.
- Infection.
- Birth defects.
- Developmental abnormalities.
- Disease.

Visit DeanRefreshYou.com to learn about your options for aesthetic surgery.

Here are a few examples of different types of plastic and reconstructive surgeries:

Breast reconstruction. After losing a breast to cancer, many women choose to undergo breast reconstruction. This process forms a new breast shape, which can make a woman feel more confident. It also eliminates the need to wear a prosthetic form for a symmetrical look under clothing.

Cleft lip and cleft palate repairs. These birth defects are among the most common in North America, notes the American Society of Plastic Surgeons (ASPS). A cleft lip results when the upper lip doesn't form properly in the womb. Similarly, a cleft palate involves the roof of the mouth. They can occur separately or together.

Surgery can correct both of these problems—and can make all the difference in a child's ability to eat, breathe and talk normally.

Hand surgery. Problems with the structure or function of the hand and fingers can be corrected by plastic surgery. And a more normal appearance can, in some cases, be achieved. Some conditions treated by hand surgery include:

- Carpal tunnel syndrome.
- Rheumatoid arthritis.
- Webbed fingers.
- Crooked, short or missing fingers.

Surgery for a new breast

Losing a breast to cancer can be physically and emotionally devastating. But breast reconstruction may help a woman restore some of what she's lost.

The surgery can create a breast in the approximate size, shape and appearance of the breast that was removed. It's often done at the same time as a mastectomy, but it can also be delayed until after a woman has healed from a mastectomy or recovered from additional cancer treatments. It typically takes several procedures before the reconstruction is complete.

There are several ways to rebuild a breast. Sometimes an implant is used. Other times, a woman's own tissues can be used to reconstruct the breast.

Undergoing breast reconstruction can help many women regain confidence and self-esteem. Most women who have had a breast removed because of cancer are candidates for the procedure, but it depends on factors such as the woman's overall health, especially if she smokes.

If you're considering breast reconstruction, talk to your doctor about the benefits and risks.

Source: American Society of Plastic Surgeons

Skin cancer treatment. Plastic surgery can even save a life—especially if skin cancer is involved. In that case, the aim of the procedure is twofold: to completely remove the cancer and to minimize scarring or disfigurement.

Scar revision. While a scar can never be completely erased, surgery or other treatments can improve scars that affect movement or are painful or disfiguring.

You can learn more about the various types of plastic and reconstructive surgeries at the ASPS website, www.plasticsurgery.org. Roll over "Articles & Galleries" and click on "Patient and Consumer Information."

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



Dane County Alzheimer's Walk/5K Run
Saturday, Sept. 17
7 a.m. run registration with 8 a.m. run; 8 a.m. walk registration with 9:15 a.m. walk. Meet by the St. Mary's table at 8:45 a.m. Warner Park, Madison
 Be part of the St. Mary's team! Join in the fun, enjoy a nice walk through the park and support a worthy cause. For a minimum donation of \$25, you will receive a St. Mary's team shirt. To sign up, call GoldenCare at **608-258-5995**.

How to Chase Away the Blues
Thursday, Sept. 29
11 a.m.
St. Clare Hospital, Ringling Room
 Dean Clinic psychologist Thomas Hayes, PhD, will conduct this free presentation. Refreshments will be provided. To register, call St. Clare GoldenCare at **608-356-1407**.

AARP Driver Safety Program—St. Mary's
Thursday, Sept. 29,
9 a.m. to 1:30 p.m.
EMSTraining Center
999 S. Park St., Madison (corner of Park and Lakeside)
 Steve Sheets leads this one-day, interactive workshop to help you get the most from the training. The program offers a refresher on the rules of the road and

explores recent changes in the world of driving. Afterward, an optional free Car Fit program will assess the fit of you and your car. \$12 for AARP members, \$14 for nonmembers. To register, call St. Mary's GoldenCare at **608-258-599** or **800-505-5995**.

AARP Driver Safety Program—St. Clare
Thursday, Oct. 13,
12:30 to 5 p.m.
St. Clare Hospital, Ho-Chunk Room
 This one-day workshop led by Bill Grosz helps participants safely compensate for changes in vision, hearing and reaction time; road developments such as roundabouts; and much more. Refreshments provided. \$12 for AARP members, \$14 for nonmembers. To register, call St. Clare GoldenCare at **608-356-1407**.



ST. MARY'S HOSPITAL CENTENNIAL CELEBRATION KICKOFF

Saturday, Oct. 8
 This date marks exactly 100 years since St. Mary's cornerstone was laid, and it kicks off the hospital's centennial celebration. Please mark your calendar, and watch for details on how St. Mary's will honor its past and shape the future of our community.



What's New? Color Your Plate Healthy
Sunday, Oct. 23
1:30 p.m.
St. Mary's Hospital Conference Center
 Dr. Janet Droessler will discuss the government's colorful new food guidelines so you can make the best choices for your health.

FALL/WINTER 2011

Look us up at www.stmarysmadison.com/goldencare

St. Mary's HOSPITAL

St. Clare HOSPITAL

MEMBERS OF SSM HEALTH CARE



New members AGE 60+ always welcome!
 To apply for free membership, contact your nearest GoldenCare office.

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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