Regular Mammograms Key to Early Cancer Detection

LAST YEAR, MARGARET HEISE considered skipping her annual mammogram. At 78 years old and with no family history of breast cancer, the Valley City resident says she thought, “What’s the rush?”

Mammograms Save Lives
When Heise received a letter in January 2012 reminding her it was time to schedule a mammogram, she put the matter on the back burner. She says she even made a couple of appointments and kept canceling. Then a few months later in April, as she was volunteering at Mercy Hospital’s gift shop, she decided to finally commit.

It was a timely decision. During her breast cancer screening at Mercy Hospital, the mammography technician "saw the spot right away," Heise says. She was sent for follow-up exams and eventually a biopsy, which confirmed a small cancerous lump in her breast.

“I would have expected cancer in any other place in my body, but not there,” Heise says.

After a lumpectomy and a short regimen of radiation therapy, Heise now has a clean bill of health. Her fairly quick treatment and recovery illustrates the vital importance of mammograms and the benefits of detecting breast cancer as early as possible.
COLORECTAL CANCER is the third most common cancer diagnosed among men and women in the U.S. The good news is that deaths related to colorectal cancer have been dropping for more than 20 years. One of the reasons for this is finding and removing polyps before the polyp can develop into cancer.

Screening for colon cancer begins at age 50, sooner if you’re at high risk. If everyone 50 or older did this, at least 60 percent of the more than 50,000 annual deaths from colorectal cancer could be prevented. There are several options for screening for colon cancer and your doctor can help determine which one is best for you.

**Option 1: Get a fecal occult blood test (FOBT) yearly.**
Blood in your bowel movements is one sign of colorectal cancer. With FOBT, you’ll take home a test kit and bring back a stool sample for your doctor to check.

If your doctor finds blood, he or she may recommend more testing. The FOBT is less invasive and easier to have done than a colonoscopy. However, it doesn’t detect polyps, and needs to be done every year.

**Option 2: Get a flexible sigmoidoscopy every five years, combined with FOBT every three years.**
A sigmoidoscopy is a procedure to look inside the rectum and sigmoid (lower) colon for polyps, abnormal areas, or cancer. It is paired with an FOBT because it cannot detect polyps or cancers higher up in the colon.

Polyps can be removed during this procedure and sent off to pathology to determine if they are cancerous; however, if you have polyps or cancer in your lower colon, you’ll need a colonoscopy later to check the rest of the organ.

**Option 3: Get a colonoscopy every 10 years.**
This test gives your doctor an inside view of your colon through a flexible, lighted scope. He or she can see any abnormal areas, including precancerous growths called polyps. Polyps can be removed right then and there using a small instrument passed through the scope.

Colonoscopies can be done at Mercy Hospital’s Surgery Department. The colonoscopy prep starts three days before the procedure with a low-fiber diet. Then, the night before the procedure, MiraLAX or GoLYTELY prep is used to clean out the bowel. Anesthesia provides your sedation while you undergo the procedure. If the surgeon finds polyps, the polyps will be removed and sent to pathology. After the exam you will recover in the same-day surgery area and be sent home once you are fully awake.

**Remember** that early screening and detection for colon cancer increases the survival rates related to colon cancer. If you are due to be screened, speak with your physician today. If you have any questions related to colonoscopies or other services provided at Mercy Hospital’s Surgery Department, please call 701-845-6519.
Behind the Scenes: A Trauma Center at Work

IMMEDIATELY FOLLOWING a traumatic injury, the first 60 minutes are critical. During this time a patient needs to be stabilized, or it could mean the difference between life and death.

What Is a Traumatic Injury?
A traumatic injury is defined as any acute physical injury, such as burns or head injuries, which could result in death or long-term disability. According to data published by the North Dakota Department of Health, the number of traumatic injuries in the state has increased.

The Emergency Room at Mercy Hospital, which serves trauma victims within a 120-mile radius, handles many car accident victims. The hospital, located in Valley City, is close to I-94, which is known for hills, ice, and a 75 mph speed zone, says Alana Wendel, RN, manager of the ER. Currently, about 100 trauma patients are taken to Mercy Hospital every year.

In 2004, the North Dakota Trauma Registry reported 1,432 traumatic injuries in the state. In 2011, North Dakota had 5,604 trauma incidents. One of the reasons for the increase is population growth in the area.

Ready to Serve You
Mercy Hospital is here to help trauma victims. The level IV trauma center mobilizes a medical team as soon as it is notified. The team includes physicians, nurses, respiratory therapists, and anesthetists, as well as laboratory and X-ray technicians.

During the first 60 minutes—called the golden hour—medical specialists can help a patient to breathe, stop any bleeding, give medication to stop swelling in the brain, provide a blood transfusion, or treat hypothermia. These measures can keep a patient alive and make a difference in long-term outcomes while he or she waits for surgery or is taken by ambulance or helicopter to a level II trauma center 60 miles away.

State Standards for Trauma Care
Wendel says the state of North Dakota was one of the first states to have a trauma program with standardized care for patients. “I think our state is ahead of many states in taking care of trauma patients,” she says. “Every nurse is required to complete a trauma certification course and all doctors are certified in treating trauma victims in the Emergency Room.”

After treatment is completed, a different team reviews the work of the trauma team to determine if evidence-based practices set by the North Dakota Trauma Committee were implemented. These practices have been proven to improve trauma care. If criteria are not met, the review team examines why and suggests strategies for improvement.

Mercy Hospital Laboratory Updates

Equipment

Mercy Hospital Laboratory staff welcomes their new chemistry analyzer to the department. The new instrumentation ensures fast, accurate, and reliable laboratory testing for our community, 24/7. L to R: Maria Flores, MT; Susan Kringle, MT Lab manager; not pictured: Matt Sprague, MLT; Chantal Faul, MLT; Carol Hilleren, MLT; Nena White, MLT.

The Mercy Hospital Laboratory has recently upgraded several analyzers used to perform medical testing. The “workhorse” of the department is the new Siemens Dimension EXL 200, which performs many chemistry tests twice as fast as the previous model. From blood sugar (Glucose) to thyroid (TSH) to diagnostic testing for heart attacks (Troponin-I), the EXL 200 does it all!

Another upgrade to improve turnaround time for faster test results is the Abbott i-STAT. This analyzer performs lab tests on a small amount of blood in a very small time frame. For example, patients who arrive in the Emergency Room for heart attacks, strokes, or major accidents can receive lab results quickly to help the provider determine the diagnosis or treatment in real time.

We offer fast and reliable lab testing, 24/7! Request an order for lab testing from your provider at Mercy Hospital. You can call the Laboratory at 701-845-6447 with any questions.
Employee Spotlight: Danielle Arneson

Bringing a smile to patients’ faces is one of the joys of her job, says Mercy Hospital housekeeper Danielle Arneson. “I share in their ups and downs,” she says. “I help to make their day.”

Arneson and her five colleagues are responsible for cleaning rooms after surgery as well as patient rooms. Patients often comment about her good work and how much they appreciate it. “I feel good that I am making a difference,” says Arneson, who has been working as a housekeeper at Mercy Hospital for four years. One particularly important responsibility is sterilizing rooms, which lowers the risk for infection.

In her free time, Arneson enjoys taking her 2-year-old son fishing, on walks, and to the park. She also likes to spend time with family and friends, who live just a few blocks away.

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The Risk of Foregoing Mammograms

Skipping regular mammograms after age 50 can double a woman’s risk of being diagnosed with late-stage breast cancer, according to the *Journal of the National Cancer Institute*.

Recommendations differ on who should receive a mammogram and how often. The U.S. Preventive Services Task Force recommends that women ages 50 to 74 receive a mammogram every two years. The American Cancer Society recommends yearly breast cancer screenings for women ages 40 and older. However, women should discuss the issue with their doctors, as personal risk factors and family histories play important roles in deciding when to begin receiving regular mammograms.

Lori Kiefert, RT (R), a radiologic technologist at Mercy Hospital who performs mammograms, notes that the earlier breast cancer is detected, “the better the odds are for a complete recovery.” She says that no matter how many clean mammograms a woman receives, she shouldn’t become complacent about breast cancer screenings.

“Breast cancer doesn’t just happen when you’re 40 or 50; you never know when it can happen,” Kiefert says. “Even without a family history, a woman can develop breast cancer.”

Mercy Hospital offers mammograms every Monday. A doctor’s referral is not required to schedule a routine mammogram, Kiefert says. However, a doctor’s referral is required for a diagnostic mammogram, which is used if a patient is already experiencing problems, such as pain or swelling in the breast.

“We walk all our patients through the process,” Kiefert says. “Mercy Hospital has been here a long time and we know many of our patients by name. I’m here to help in any way I can.”

Heise said she now encourages all her family and friends to keep up with their mammograms—“they’re probably tired of hearing me say it,” she adds.

“Just do it,” she says. “It’s never too late.”